USAID | BANGLADESH
FROM THE AMERICAN PEOPLE

SMILING SUN FRANCHISE PROGRAM

YEAR 5 WORK PLAN

September 2011

This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International.

CONTENTS

Acronyms iii

Executive Summary 5

Section I. Context and Accomplishments 8
A. Background 8
B. Summary of Year 4 Accomplishments 8
C. Cross Cutting Issues 11

Section II. Fifth Year Work Plan 12
A. Technical Activities 12
B. Operations and Administration 38
C. Cross-Cutting Themes 38

Section III. Performance Monitoring Plan 40
A. Approach to Monitoring, Evaluation, Analysis, and Communication 40
B. Continuous Monitoring of Activities 41

Annex A. Program Indicators 42
Annex B. Franchise and Clinical Trainings 53
Annex C. Year 5 Implementation Plan 50

ACRONYMS

ANC	antenatal care
BATB	British American Tobacco- Bangladesh
BCC	behavior change communication
BEmOC	basic emergency obstetric care
BOT	build, operate, transfer
CDD	Control of Diarrheal Disease
CEmOC	comprehensive emergency obstetric care
CLQC	clinic level quality circles
COTR	Contracting Officer's Technical Representative
CPR	cardiopulmonary resuscitation
CQC	clinic quality council
CSP	Community Service Provider
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Service
DOTS	Directly observed treatment short course
DPT3	Diphtheria, Pertusis, Tetanus
DSF	Demand Side Financing
EPI	expanded program of immunization
EmOC	emergency obstetric care
ESD	essential services delivery
FAM	Finance and Administrative Manager
FHI	Family Health International
FPCSC	family planning clinical services course
GoB	Government of Bangladesh
GP	GrameenPhone
HNPSP	Health, Nutrition, Population Sector Program
ICDDR,B	International Center for Diarrheal Disease Research, Bangladesh
IMCI	integrated management of childhood illnesses
LAPM	Long Acting and Permanent Methods
LOI	Leaders of Influence
MIS	management information system
MOHFW	Ministry of Health and Welfare
MoPW	Ministry of Population Welfare
MOU	Memorandum of Understanding
NGO	non-governmental organization
NSV	no scalpel vasectomy
ORS	oral rehydration salts
PAC	Program Advisory Committee
PIP	Program Income Plan
PNC	postnatal care
QMS	quality monitoring system
SSFP	Smiling Sun Franchise Program
SSHS	Smiling Sun Health System
SMC	Social Marketing Company

SMS	Short Messaging System
STI	sexually transmitted infection
TB	tuberculosis
ToT	Training of Trainers
UNICEF	United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

Highlights from year 4 accomplishments. Year 4 was a very robust year for SSFP, its partners, and stakeholders. In terms of impact, SSFP achieved record results: 1.5 million couple-years of protection (9.7% increase over Year 3), 1.3 million ANC consultations (13.6% increase over the previous year), and more than 2.2 million CDD consultations (11.3 % increase over the previous year). SSFP provided more than 42 million services to 27 million customers, 31% of whom were poor. Also noteworthy, the program provided more than 22 thousand safe deliveries and immunized more than 3.7 million children through routine immunization and by participating in National Immunization Days.

During this year, SSFP increased its long acting and permanent methods (LAPM) output due to higher demand for implants, IUDs, and NSV, while more couples than ever received counseling in family planning (approximately 3 million). This level of performance was achieved while still maintaining the same level of cost recovery reached in the previous year and in spite of the loss of one of SSFP's main third party payers for the poor, Grameen Phone.

SSFP also strengthened ties with the GoB by increasing demand-side financing (DSF) coverage for improving Maternal Health, organizing an urban health coordination meeting on behalf of the Government, and arranging study tours to familiarize high government officials with successful models of public-private collaboration. The GoB's support of the program has been publicly expressed by the Joint Chief of the MoHFW and the Director General of DGFP.

Equally important, SSFP continued receiving support from strategic partners in the private sector. Tangible examples include a new comprehensive EmOC facility built by KAFCO and a donation of 320 computers from the Dutch-Bangla Bank, one of the program's strongest supporters, to implement an ICT-based management information system (MIS). The new MIS will provide real-time data on service statistics and program income, which is a great step towards ensuring better program monitoring, enhanced financial control, and greater transparency.

Finally, in the fourth year, SSFP stressed achieving training objectives to support a fully trained and competent service and support staff and to ensure quality of care. SSFP also produced and disseminated communication materials to inform patients of their rights to set expectations and promote service user empowerment.

Approach to Year 5 activities. During the last year of the project, proposed activities seek to build on program gains while creating conditions for future network developments ensuring social impact and sustainability. A key activity during the last year will be to gather and organize information on successful approaches and lessons learned, and create venues to communicate them to interested audiences.

Process for developing this work plan. To develop the current work plan, SSFP held stakeholder consultation meetings capturing suggestions and ideas from development partners, international donor organizations, strategic partners, NGOs and program staff. SSFP also organized one-on-one interviews with partners and GoB officials, held the program advisory committee (PAC) meeting, and organized a workshop attended by NGO representatives and project directors, as well as SSFP staff. In the resulting work plan, SSFP has tried to align stakeholders' input with program goals and USAID's overall health objectives.

Highlights of the year 5 work plan. In the fifth year, SSFP expects to further cement opportunities with future development partners and USAID's social investment in Bangladesh. Pivotal to this is continuing to increase program reliance on customers' willingness to pay for services they need and want and to increase providers' efficiency, ensuring consistent application of proven, best health practices, and utilization of modern management tools and principles.

SSFP has consistently considered sustainability as an outcome resulting from enhanced client satisfaction, an increasingly supportive environment, better quality of care, strengthened management practices, and effective services promotion. This work plan addresses all these areas; thus, it is expected that at the end of the fifth year, the whole network will enjoy better levels of financial sustainability and greater social impact.

During this year, SSFP expects that Smiling Sun clinics will serve more clients than in the previous years and more poor clients than ever before, while realizing larger revenues and continuing to decrease the cost per client served. To ensure these improvements in cost and quality efficiency, the program will continue to invest in developing NGO capacity and self-reliance; prepare the NGOs to manage a social business concept that includes high quality levels of care, proficient and professional accounting and financial management; and help them build the skills required to contract directly with development donors and other stakeholders. SSFP will strengthen the network's governing bodies such as the Membership Council, the Program Advisory Committee (PAC) and the Clinical Quality Council (CQC). Additionally, SSFP will help NGOs assess their current program management conditions, identify areas for improvement, and develop and implement an action plan for organizational capacity building.

Within this context, it is essential for SSFP to continue strengthening ties with all levels of GoB – from the Ministry of CHT Affairs and the MoHFW to City Corporation, municipalities and Upazilla authorities. Concurrently, the program will continue reaching out to private sector partners to further develop a solid client base who procure services from the network as a whole, further enabling effective cross-subsidization.

To achieve the proposed objectives, SSFP must invest further in developing a culture of quality of care at all levels of the network. By collaborating with other implementing partners with expertise in key areas, SSFP will effectively build capacity in different health areas among its service providers and support personnel. SSFP will work holistically – including all service levels, from Ultra clinics, to Vital, to satellite, to

Community Service Providers (CSPs) – and will continue working with NGOs to develp plans to reduce provider turnover. At the same time, the program will reinforce quality monitoring capabilities, continue refining tools, continue reaching out to clients through exit interviews and suggestion boxes, and work jointly with them to improve service delivery using the Surjer Hashi Health Groups (SHHG) as a conduit.

During the last year, SSFP will work closer with the communities being served to improve already strong relationships with clients and will strengthen and broaden existing relationships with strategic partners, such as H&M and Chevron. Strengthening these relationships will help to expand the client base, including the poor, and ensure sustainable program development.

SSFP is confident that the fifth year of the program will help further develop network strengths, so that a structure will remain in place that is capable of sustaining and expanding health service delivery in Bangladesh; reaching communities in need, while contributing to improve overall social conditions, specially for the poor.

In the course of executing these activities, SSFP will also complete its contractual obligations and properly close out our grants component, phase out personnel and conduct technical, financial and administrative closure.

SECTION I. CONTEXT AND ACCOMPLISHMENTS

A. Background

Year 5 work plan development process. Under SSFP, work plans result from a truly consultative process that involves all stakeholders, including different GoB dependencies, USAID, development organizations, private sector partners, and NGOs. The process followed to develop the Year 5 work plan has been faithful to this tradition. This year, SSFP met with different government officials to understand government priorities and how SSFP interventions can better contribute to achieving the GoB's social and health objectives. Government officials were identified and contacted individually; some were already part of larger consultative groups like the Program Advisory Committee, which is chaired by the Director General of DGFP. The opinions and suggestions of GoB officials and the development community were captured and shared with NGOs in a special Membership Council meeting, also attended by project directors. These meetings took place while SSFP was concurrently developing individual NGO business plans. SSFP ensures that all planning documents required under the project reflect a common course of action for different levels of intervention, so discussions and objectives set for the program are now reflected in those plans as well.

Network development status. During the past four years, SSFP has helped build NGOs' capacity to implement service delivery interventions within the context of social franchising. This required working simultaneously at two levels (NGO and clinics), while addressing different technical areas: quality of care, service promotion and branding, and business processes. Through the process, most NGOs have fulfilled quality and transparency requirements – only 26 out of the 30 original organizations remain. Those that remain have been able to accomplish most program performance objectives in terms of service output and services to the poor, while increasing revenues by two fold during this period and, at the same time, reducing costs per service offered. In summary, the network today is more efficient, in a stronger position for long-term sustainability, and has had a greater and deeper impact compared with baseline indicators.

B. Summary of Year 4 Accomplishments

Performance Outcome 1: A Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation.

During the fourth year, SSFP continued working closely with networks governing bodies to develop and strengthen the network's organizational capacity to operate increasingly larger levels of financial sustainability, while meeting the program's social objectives. Some of the processes and structural elements strengthened during this year were:

- **Centralized procurement.** New pharmaceutical companies were added to the list of providers, and discounts offered by some of the largest firms, such as Beximco, were improved. SSFP has a unique medicine and drugs procurement system in which discounts are negotiated centrally by SSFP on behalf of the network; however, every NGO purchases and directly arranges for product delivery with the providers. During

the life of the project the revolving drug fund (RDF) has increased more than two fold, while medicines delivered to the poor have also increased.

- **Strategic partners.** This year one of the biggest supporters of the program, Grameen Phone, reoriented its CSR policy resulting in a drastic reduction of the third party payers' contribution. However, SSFP consolidated and extended its portfolio of partners and expanded its current business with one of the largest national cement manufacturers, Akij Cement, who is now procuring health services from SSFP for 4,000 masons from all over Bangladesh. At the same time, SSFP deepened and restructured its relationship with H&M, one of the leading brands in the garment industry, who is adding two more companies to its existing agreement; expanded its service supply by offering a similar package to The Leather Goods and Footwear Manufacturers and Exporters Association of Bangladesh (LFMEAB) which is a recognized trade body that represents most of the major export oriented manufacturers & exporters of leather goods & footwear in Bangladesh. SSFP received 320 computers donated by Dutch-Bangla Bank; and built a new clinic in Anwara through support from Karnaphuli Fertilizer Company Limited (KAFCO) is a 100% export oriented international joint venture company.

- **Program communications.** SSFP regularly provides information about program impact and activities to its stakeholders. This year SSFP continued distributing its electronic weekly news brief, developed new success stories, created a Facebook page, and uploaded audiovisual content in YouTube. Additionally, SSFP improved layout of its webpage, which has been visited by individuals from all over the world.

- **Governing bodies.** SSFP will organize regular meetings with the Membership Council to discuss relevant program issues, such as service delivery performance, providers, turnover, cost containment, and transparency and corruption and when relevant, with the CQC, suggestions and comments provided by PAC members.In addition, SSFP will ask the Membership Council for authorization to set up a Quality Assurance Committee to create a permanent linkage between CQC and Membership Council. Committee members will be invited to attend all CQC sessions and will report back to the Council matters discussed and advanced during the meetings. Presentations to the board are always discussed with the Directorate and the Membership Council at large.

- **Interaction with GoB.** SSFP expanded its collaboration with the GoB by including an additional clinic in the Demand-Side Financing program. Through DSF, the clinics provide financial support for transportation, consultations, and safe delivery services to the poorest of the poor. In addition, SSFP organized, on behalf of the MoHFW, an urban health coordination meeting to improve access for the urban poor. This meeting was attended by major players in health service delivery in urban areas. Finally, SSFP actively supported GoB efforts to promote access to child immunization reaching record levels of performance.

Performance Outcome 2: Smiling Sun NGOs and their clinics continue service delivery with a reduction in grant money while continuing to provide quality services to the target population.

As proposed, SSFP gradually reduced grant support throughout the year to partnering NGOs. At the same time, revenues from service fees increased at the same level as program performance. It is worth noting that during Year 4 SSFP did not increase service prices.

SSFP continued its financial reviews and auditing program which identified and confirmed a serious breach of contract by Fair Foundation and MMKS. As a result, SSFP requested USAID concurrence to terminate the contractual relationship with both organizations. Fair Foundation contract was not renewed, and SSFP has recently received concurrence to terminate the contract with MMKS. Since project inception, regular financial reviews have helped identify and confirm similar behavior in three other NGOs, which invariably resulted in termination or non-renewal of the existing contract. In each case, SSFP successfully transferred the activities performed by these NGOs to other organizations, while fully maintaining program performance. SSFP took advantage of these unfortunate situations to better distribute the clinics among the partnering NGOs, reduce operational expenses, and increase program efficiency.

It is worth mentioning here that, for the first time, PDs from selected NGOs participated in a TOT program to train other PDs in the utilization of the recently updated business planning tool, signaling a watershed moment in the active participation of NGOs in managerial processes, while displaying a great deal of ownership for managerial processes introduced at the beginning of the project.

During this year, SSFP was able to increase services to the poor in both absolute and relative terms, attaining record performance levels and achieving program targets. This was possible thanks to the staunch support of GoB and the participation of other implementing partners such as SMC, Save the Children and Engender Health that helped to build providers' capacity in key areas such as LAPM and safe deliveries.

Performance Outcome 3: NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key ESD services), coverage of poor clients, and range of services available and quality of care.

In the 4th year, SSFP expanded access to safe deliveries by upgrading 5 BEmOC to CEmOC, 7 vital to CEmOC and 6 vital to BEmOC. As a result, SSFP was able to perform at the same level it did in Year 3, despite an approximately 90 percent reduction in support from Grameen Phone SMIC project intended to improve maternal and child health. This infrastructure improvement and development will allow SSFP to increase service supply in the following year.

Improved collaboration with local government authorities helped SSFP to continue its increasing trend in FP services delivery. This year the network has registered a

generalized supply increase of clinic-based methods. In Year 4, SSFP offered more CYPs than in the previous 9 years the network has been operating.

Notably, child health service output registered a dramatic increase throughout the network. ARI and CDD service supply increased more than 11 percent, while special interventions like NID also maintained the same positive trend recorded in the previous two years.

SSFP believes that client satisfaction is one of the principal drivers of its service output growth. According to more than 3,200 exit interviews performed throughout the life of the project, 70 percent of existing clients had received health services from Smiling Sun in the past. The vast majority of them indicated that service quality in the network has improved lately. To ensure that quality becomes a cultural value throughout the network, SSFP emphasized improvements to its monitoring activities, included new tools such as mystery client interventions, and included quality reports as part of the quarterly program review. CQCs have been also expanded to include not just Clinical Monitoring Officers, but also Project Directors.

C. Cross-cutting issues

Gender. SSFP continues with its program to increase male involvement in FP and safe deliveries. In the fourth year, SSFP registered a record level of NSV, and for the first time in the history of the network, NSV is the leading permanent method.

Youth. SSFP is continuing discussions with different mobile carriers to establish a youth-tailored SMS service, as well as a center for telephone-based consultations. Discussions with Grameen Phone have been productive and suggest that the project is feasible given the interest and capabilities of both parties to implement it. We will meet and share with other USAID partners in this regard, based on these conversations SSFP will adapt activity design as needed.

Transparency and anti-Corruption. SSFP shared the audit findings with all the NGOs. Fair Foundation was and MMKS will be informed of grant agreement termination. In the last Membership Council meeting, SSFP stressed the importance of ensuring that NGOs properly utilized resources provided by the U.S. government. Additionally as part of its transparency efforts, SSFP continued publishing clinics' quality scores in its website.

SECTION II. YEAR 5 WORK PLAN

A. Technical Activities

A1. Performance Outcome 1: Functionalize and strengthen the established "Governing Council"

Introduction. During its 4th year, Smiling Sun Franchise Program continued developing the institutional capacity that positioned the network effectively for the fifth year. Building on these activities, in Year 5, SSFP will work to strengthen the Governing Council, which is comprised of the Membership Council, the PAC and the Clinical Quality Council (CQC). SSFP will also continue strengthening coordination with the Government of Bangladesh (GoB) and other stakeholders at different levels, especially by advancing advocacy activities targeting local authorities. Finally, SSFP will continue its collaboration with the GoB to explore the possibility of including Smiling Sun clinics in its Demand Side Financing Scheme and to expand its collaboration to strengthen LAPM supply.

i. Functionalize and strengthen the established Governing Council

During its fifth year, SSFP will continue developing the capacity of its partner NGOs to enable them to more effectively and efficiently manage the resources at their disposal. SSPF will continue to work with the three different bodies that comprise the Governing Council through the following activities.

Membership Council. The Membership Council is a consultative body composed by the chairpersons and executive directors from all NGOs. During the fifth year, consulting with NGOs through an active Membership Council will further strengthen the sense of ownership that many, according to themselves, have already attained. During the last year of the project, SSFP will organize three quarterly meetings and a final project meeting to present lessons learned, anchor legacies and provide a sense of direction for the network.

As outlined in our proposal for the extension year, the membership council is a forum to discuss policy and practical matters relevant to the network development and to share knowledge, experience, and innovations. It ensures network member input to improve policy, interventions, and outcomes. This body fosters stronger NGO participation in the program, strengthens sense of ownership and encourages developing a common culture of quality and transparency.

A TOR was included in our September 9 response to USAID on the extension proposal, page xi.

Program Advisory Committee (PAC). The Program Advisory Committee is comprised of members from the GoB, USAID and international and local organizations representatives. The PAC provides advice and ideas intended to help the project to achieve its objectives. To solidify gains and to continue strengthening relations between the network's management structure and the GoB and other development partners, SSFP

will organize four PAC meetings to discuss program progress and approaches to enhancing sustainability of program gains. In addition to regular meetings, SSFP will organize clinic tours for GoB and International organizations representatives in order to help program stakeholders identify areas for long-term collaboration.

Clinical Quality Council. The Clinical Quality Council has a comparatively narrow technical agenda, but as quality of care is an essential concept for SSFP to build long-lasting sustainability, it is of the essence that this body helps to build a culture of quality that permeates the entire organizational structure. During its lifetime, SSFP has ensured the participation of all NGOs in this important body; helping to develop a nascent but increasingly stronger culture of quality that has enabled the network to build a name around quality that is recognized by the network members, stakeholders and outsiders alike. During the fifth year of the project, SSFP will continue strengthening this important body and will ensure the participation of other partners toward advancing the network's quality of care agenda. SSFP will organize three CQCs during Year 5 to present international best practices, case studies, and emerging needs and to discuss potential interventions that will solidify achievements in this area while underscoring a common understanding of SSFP's approach to quality.

ii. Policy and Advocacy with GoB

Continue interaction with MoHFW/DGHS/DGFP policy makers and staff. SSFP has developed strong productive relationships with all wings of the Ministry of Health and Family Welfare. Over the course of the past four years, SSFP has joined a number of important committees and boards and is providing support to the Government's decision-making process. Since project inception SSFP has identified program liaison officers to advance specific programs in the health agenda (i.e., immunization coverage, LAPM, reproductive health and safe motherhood), resulting in a more dynamic immunization program, in improved technical capacity to offer permanent family planning methods and expanded access to important programs such as demand side financing (DSF). To build on current activities and create venues for future collaboration, SSFP will develop a schedule for informational site visits to different line directors, program performance discussions and joint clinic visits.

Conduct joint clinic visits with policy makers and GoB officials. SSFP has found joint clinic visits a particularly effective way to advocate for the network and to strengthen ties at the personal and institutional levels. GoB officials and policy makers regularly request joint visits to Smiling Sun clinics; during Year 5, SSFP will continue to honor those requests by organizing 4 visits to selected clinics with joint teams of SSFP staff and government officials of different levels and different ministries, including MoHFW, LGRD/City Corporations and from the Ministry of CHT Affairs.

Briefing meetings with District/Division-level Health and Family Planning (FP) officials. During the last four years, SSFP organized meetings with district health and FP authorities to improve collaboration between programs and government counterparts. During its fifth year, SSFP will concert or participate in similar meetings in which

government officials and SSFP staff will identify potential areas for collaboration at the local level and will establish concrete partnerships. As part of this advocacy effort, SSFP will also instruct NGO program directors to contact all Upazilla authorities in order to coordinate health activities and keep them apprised of program performance.

Briefing meetings with Local Government and Rural Development (LGRD) and City Corporations/UPHCP for urban health service. In light of the rapidly changing demographic landscape of Bangladesh and continuous migration from rural areas to the urban centers, the GoB has put special emphasis on the improvement of urban health service delivery. This was reflected in the project's PAC meeting in which the Director General (DG) of the Directorate General of Family Planning (DGFP) requested that SSFP expand FP services in urban slums. Since approximately 50 percent of SSFP clinics are located in urban areas, it is essential for the program to develop stronger relationships with City Corporation authorities. SSFP will involve NGO project directors in these initiatives to ensure a continuous collaboration at all levels. In addition, SSFP will engage UPHCP and Marie Stopes – which also have a strong presence in urban areas – in approaching LGRD to identify potential areas for collaboration.

Continue advocacy efforts to support CHT expansion. SSFP has begun full-fledged operations in the Chittagong Hill Tracts with three clinics and approximately 40 satellite sites. However, introducing services into a specially administered area requires continuous support from local and central authorities. SSFP has been in conversations with the Ministry of CHT Affairs which has requested that the project play a coordination role with other organizations implementing health programs in the area. Based on that, SSFP will organize two special interagency coordination meetings in Kagrachori and Rangamati. In addition, SSFP expects to expand its presence in the area to 120 satellite sites and to recruit 120 community service providers (CSP) to advance health programs in this remote area of the country.

Tripartite review. This year SSFP proposes to conduct one meeting with GoB, USAID and SSFP in April or May of 2012. This meeting will give the primary program stakeholders an opportunity to provide guidance for the program's final stages.

Organize consultative meeting of National Working Team for IMCI. SSFP is uniquely positioned to scale up healthcare interventions with great potential to reach large populations. With this in mind, SSFP staff will organize a consultative meeting and follow up sessions on specific jointly chosen IMCI topics with the National Working Team for IMCI.

iii. Partnership with GOB

In addition to the aforementioned meetings, joint clinic visits, and engagement of municipal and local officials, SSFP will provide GoB officials with special communication pieces such as letters and reports detailing ongoing activities and serving as a point of departure for new ones, such as family planning and demand side financing.

Strengthen LAPM service delivery. SSFP will continue advancing its partnership with GoB in for LAMP service delivery with the aim of expanding service provision to at least 50 well-equipped clinics the existing collaboration, including LAPM camps hosted by local authorities and the improvement of the permanent supply of these methods. SSFP will also work with the GoB to bolster support for resource management activities related to this program, such as advanced disbursements and compensation payments.

Explore more access to demand side financing. During its fifth year SSFP will explore the possibility of expanding services under DSF scheme. For the last year of the project, SSFP will seek to strengthen the role of the GoB as a third party payer by expanding service access to all areas in which the (DSF) demand side financing program and SSFP presence overlap.

Delivering TB DOTS services. In line with the National Tuberculosis Program's mission to strengthen the effort of TB Control through effective partnership, mobilizing resources and ensuring quality diagnostic and treatment services under defined Directly Observed Treatment Short Course (DOTS) strategy, SSFP has been implementing a TB program in four City Corporations clinics since October 2007 though GFATM support. Eight partner NGOs are providing DOTS through 56 clinics in Chittagong, Dhaka, Khulna and Rajshahi City Corporations. Around 2.3 million catchment populations are receiving DOTS through these clinics; 33 of 56 clinics are equipped with smear microscopy testing and one of them is an External Quality Center.

In year 5 SSFP plans to

- Improve coordination with the Director of MBDC and Line Director of TB-Leprosy, Directorate General of Health Services, WHO-TB program and BRAC-TB program to implement the Tuberculosis (TB) Control Program
- Coordinate with all partner organizations for planning, coordinating and managing TB DOTS activities in 56 DOTS centers, 33 Microscopy sputum smearing centers and 1 EQA laboratory.
- Supervise and monitor DOTS activities in SSFP network with a standardized checklist, provide feedback and coordinate with National and District level concerned authority working for TB control program.
- Provide support to manage Ambulatory phase of MDR-TB case management within SSFP network, coordinate and report to NTP and NIDCH as per guidance of NTP and NIDCH.
- Maintain an electronic data base for all TB cases at central level and provide feedback to partner organizations about their performances, especially on case notification, treatment outcome, smear positivity rate for new and follow up cases.
- Ensure continuous smooth supply of TB drugs, reagents and other necessary logistics to run the DOTS activity uninterruptedly and maintain liaison with NTP.
- Provide on the job training on day to day management of TB clients, record keeping, default tracing, drug management, and quality lab services to the clinic staff involved in TB activities during field visits.
- Supervise and monitor EQA activities of EQA Lab and conduct PDSA cycle to find out the root causes of discordant slides of microscopic centers declared by 2nd

controller of Shyamoli TB center and conduct joint visit with NTP personnel's to minimize the gap.

iv. Program communication

Communication materials and tools. SSPF routinely reaches out to stakeholders and other interested audiences with informative materials reporting on program achievements and innovations. During Year 5, SSFP will redouble its efforts to communicate best practices, innovative approaches, lessons learned and legacies to a community broadly interested in diverse topics such as health networks, socially driven health service delivery, health equity and financing, and health systems in general.

a) Quarterly newsletter development and distribution. The quarterly newsletter is a communication piece designed to disseminate news about the program to interested audiences in Bangladesh. During the project's final year, SSFP will produce 3 regular quarterly editions plus a closeout special issue, in both printed and .pdf formats distributed by post and electronic mail to ensure appropriate distribution.

b) Program website update. The program website offers a window onto SSFP for all those interested in program activities. The SSFP website has experienced increasing levels of visits from interested parties all over the world and the team will continue to update it periodically throughout the final year of the program to communicate program development and achievements.

c) Weekly news briefs. Weekly news briefs are one of the most important communications pieces which keep the entire network and USAID updated about the project's recent events and achievements. During its final year, SSFP will produce a special compilation of weekly news briefs, organized by key topics such as capacity building, partnerships and program impact.

d) Reports and deliverables. In accordance with the requirements of our contract, SSFP complies in delivering quarterly and annual performance reports on time. In addition to the routine quarterly reports, Year 5 will require the preparation of a final report and accompanying detailed analysis of the outcomes and impacts of the project.

e) Publication of Success Stories. Throughout its life, SSFP has generated a number of success stories, resulting from successful project interventions. These success stories are designed to give the uninformed reader an easily digestible snapshot of the impact the project is having on the lives of its beneficiaries and the overall health sector in Bangladesh. During the final year of implementation, the project will continue exploring ways to share its experiences with interested audiences by providing interactive electronic issues of two Success Stories, in addition to two print stories.

f) Profiles. During Year 5, SSFP will publish 5 interviews with key program supporters, from strategic partners to satisfied clients.

End of project workshops. In order to highlight the project's achievements to the broadest audience possible, SSFP will organize one national and one international closeout event, as well as a two-day technical consultation workshop prior to project closeout. The purpose of these events will be to share lessons learned, best practices, innovative practices and project legacies with local and international audiences interested in advancing social franchising and health service delivery and systems management.

a) National closeout event. SSFP will organize a half-day closeout event for the presenation of the project's final report and a summary of project achievements as well as best practices and lessons learned. Anticipated attendees will include USAID staff, GoB officials, partner NGOs and national and international organizations.

b) Technical consultation workshop. This event is intended to focus on technical lessons drawn from the project that hold potential for other similar projects. Likely areas of emphasis include quality assurance, service expansion, and the use of MIS service data to track performance and manage quality.

Develop legacy documentation and dissemination strategies. SSFP has identified a set of possible legacies that will be shared with interested audiences in Bangladesh and abroad. Three sets of legacies have been recognized as the most important elements the project can share with others interested in developing and implementing similar approaches abroad, as well as those interested in continuing to advance social franchising and service delivery networks in Bangladesh. Topics for further development are as follows:

a) Strategy development. This area focuses on how to adapt a social franchising approach to a specific set of local, environmental factors such as client needs, health seeking and purchasing behavior, service delivery and management expertise.

b) Materials development. SSFP has developed a set of materials that can be used for service delivery in the future. The project will prepare a compendium of materials that can be adapted for use in the future.

c) Video development. This video will document the perspectives of clients and service.

Media advocacy. To continue advancing the social health agenda around the Smiling Sun brand and business concept in Bangladesh beyond the life of the project, SSFP will develop a communication strategy to reach out to media practitioners interested in publicize health services and healthy behaviors and practices. To support this intervention, SSFP will coordinate with USAID OPHNE prior to conducting a media practitioners' orientation in mid-2012 intended to attract 20 professionals from key newspapers and other publications, and from television and other electronic media.

v. Brand Management

The Smiling Sun brand is a true project asset. It provides a foundation upon which greater momentum to reach social and health objectives can be built. The project enjoys a wide

and loyal clientele with whom the brand is increasingly becoming the main communication vehicle, as satisfied clients tell their friends about the quality services they have received at Smiling Sun clinics. During the last year of the project, SSFP will implement to important branding-related activities.

Strengthening brand of Smiling Sun. The project will continue performing clinic-based and community-oriented communications interventions. SSFP will continue distributing branded health communication materials and will encourage stronger visibility through public relations events and outreach activities.

Co-Branding with strategic partners. SSFP will continue building brand recognition by affiliating itself with other well-known brands, thereby increasing its visibility while increasing the other brands' value. During Year 5, SSFP will continue its co-branding interventions with ACI and Akij Cement, and will explore opportunities for a branded health intervention targeted at youth with the support of a telecommunications company in Bangladesh. The advantage of co-branding is twofold: it allows for greater visibility, while increasing its value through strategically selected association (brands chosen are of equal or greater value), and it reduces significantly the costs of project activities. For example, the recently launched co-branding campaign addressed at mothers of newborn babies born in Smiling Sun clinics was completely free of cost for SSFP. The costs for the program were paid for by ACI.

vi. Private Sector Partnerships

The private sector has been an increasingly important source of resources for SSFP's clinics. So far, SSFP has established 7 effective partnerships with private companies that have resulted in the opportunity to serve a vast number of clients or to improve its operational capacity. Private sector partners have been grouped in three categories below depending on their scope and involvement with the project.

Fees for service. Fees for service are an essential element for increasing the financial sustainability of SSFP's partner NGOs and improving the NGOs' ability to subsidize clinics and serve more poor clients. While the financial contribution of fees for service decreased dramatically during the fourth year, there is still great potential to court more private partnerships and thereby increase clinic revenues.

a) Strengthening the relationship with H&M
   SSFP has developed relationships with important local and international companies. For months, these companies have been crafting complex agreements with Smiling Sun to ensure service delivery to their workers. This activity is an important potential source of revenue. To date, SSFP has signed MOUs with H&M and served its employees in Narayanganj. SSFP will continue its effort to strengthen and broaden the scope of the relationship with H&M in the final year to include other factories and increase the number of subscribers.

b) Continuing the relationship with Akij Group and Leather-goods & Footwear Manufacturers and Exporters Association of Bangladesh (LFMEAB). During Year 4, Smiling Sun clinics began serving 2,000 masons of Akij Cement Ltd, the country's fifth largest cement company. More recently, Akij has requested that SSFP expand its supply to cover up to 4,000 masons and their families.

   In a similar fashion, SSFP has finalized discussions with LFMEAB to provide health services to more than 1,000 workers. Eight factories have been identified for health services, and LFMEAB will provide a plan for monthly medical camps to visit the factories.

c) Define new partnerships opportunities. It is essential for SSFP to diversify its sources of revenue by reaching out to a larger number of potential partners. This year, SSFP will approach more companies which have strong reputations for social involvement, such as the energy company, Tullow.

Infrastructure, equipment and operations. Just as some partners are interested in buying health services for their workers or populations in need, other partnerships have provided SSFP with operational infrastructure. SSFP intends to strengthen its existing partnerships and expects to broker relationships with other partners.

a) Continuing relationship with Chevron. Chevron Bangladesh Ltd. sponsors three Surjer Hashi clinics in Karimpur, Shastipur, and Kalapur in the Habiganj and Moulavibazar Districts, paying for their operational expenses. Recently, Chevron transferred complete management of clinic operations to SSFP and continued to fund the clinics through a model similar to the one SSFP implements for USAID. Chevron has repeatedly expressed satisfaction with improvements in clinic performance since the transfer of management to SSFP. In the final year, SSFP will continue the relationship.

b) Dutch Bangla Bank Foundation (DBBF). During the third year of the project, DBBF sponsored cervical cancer screening at certain Surjer Hashi clinics. During the fourth year, DBBF donated 320 Netbook PCs – valued at BDT 7,600,000, or approximately $104,000 – as part of its corporate social responsibility (CSR) activities. This donation will help bring the Surjer Hashi Clinics under an Integrated Management Information System (IMIS) – a central data management system developed by SSFP during the last few months. Through this system, SSFP will be able to obtain real-time services and revenue data from the clinics. DBBF has also expressed interest in working with SSFP on other projects.

c) Defining new partnership opportunities. SSFP is in discussions with Tullow, an energy company, to set up a new clinic in Comilla. SSFP will also approach foundations and organizations such as the Prime Bank Foundation, Jamuna Bank Foundation BRB Cables, PHP and the Pran Group to spark interest and gather resources to cover operational expenses in key but hard to financially sustain areas.

Information and communication technology. SSFP is interested in identifying potential areas to increase managerial and operational efficiency and is approaching IT/C companies interested in funding interventions with mutually beneficial objectives.

a) Rollout pilot with SMS data transfer and Nokia. SSFP designed a new Integrated MIS System as a web based solution to collect service data from static clinics. To capture service data from satellite sites, SSFP partnered with the US-based organization Front Line SMS (http://www.frontlinesms.com)and piloted the use of mobiles to capture data that is immediately sent to the SSFP server. Improving on the initial design developed by Frontline SMS, which had limitations related to handling high data volumes, SSFP recently developed a new SMS data transfer software adapted to its own information needs. SSFP has successfully tested the use of mobile phones for sending customer and service data to an online repository from satellite spots. This system will not only save time and enable access to data from remote areas of Bangladesh, but it will also serve as the foundation for a comprehensive customer database to improve tracking of community and individual health needs. SSFP will look for corporate support to scale up this effort until all of the nearly one thousand satellite clinic teams are enrolled in this program.

b) Define new partnership opportunities. Within the context of the USAID-funded Aponjon project, SSFP is also in discussions with different mobile telephony operators to establish a link with the SSFP network that can offer a business opportunity to improve service delivery and program sustainability.

c) Strengthen relationship with Citicell. Citicel recently donated 150 modems and provided discounted prices for an additional 170, an action that will allow SSFP to connect all the computers in the clinics to its central database. SSFP will continue exploring other communication possibilities with Citicel, such as developing a telehealth intervention in Anwara, linking the SSFP clinic with the one KAFCO has in its premises, to offer diagnostic services.

Special events. SSFP will organize the "Best PD" award to recognize professional achievements of the project directors as a way to motivate them to improve their performance and to exchange best managerial practices. This event will be sponsored by private companies. In addition, SSFP will seek the support of potential partners to share costs of promotional activities around special dissemination days (i.e. hand washing, safe motherhood, etc.). SSFP is also exploring the possibility of corporate support for a series of concerts to promote maternal health and SSFP clinics.

Assist NGOs to identify, nurture and secure local resources. By sharing examples and information about potential individual donors and experiences, SSFP will help partnering NGOs build relationships with potential donors and secure individual donations in cash and in-kind to support clinic operations. SSFP has recently developed a guidance document to walk clinics and NGOs through the process of seeking donor support.

During the upcoming year final year, NGOS will be asked to present on their progress in this important area in every quarterly meeting.

Strengthen NGOs and strategic partners relations. While most strategic partners have approached SSFP because of its national reach, many organizations have a regional or, in some instances, a very local scope. It is often easier to demonstrate the social impacts achievable through partnership with SSFP at the local level. As a result, SSFP will work to establish links between companies with CSR programs that focus on certain localities and the NGOs operating in these areas. SSFP will track these developments and report on them at the end of the project.

A2. Performance Outcome 2: Smiling Sun NGOs and their clinics continue service delivery with a reduction in grant money while continuing to provide quality services to the target population.

Introduction. During four years of operation, SSFP has worked to increase program income in order to enable NGOs to reduce the NGOs' reliance on USAID-provided grants funds. During this extension year, SSFP will continue to guide the NGOs as they offer quality health services to the poor and use resources as specified in each NGO's business plan. SSFP will provide quality control to both the financial and operational activities of the NGOs in order to enable the network to develop a solid base of clients, resulting in higher revenues and expanded ability for subsidization of needed services.

i. Increasing network efficiency

In the first four years, SSFP made strides toward increasing network efficiency, facilities, upgrade, resources sharing and partnerships with pharmaceutical companies. Successful sources for efficiency established in prior years will be strengthened in the final year. SSFP will also update existing agreements with pharmaceutical companies enabling NGOs to procure drugs and medicines at greatly discounted prices. SSFP will continue investing its monitoring and supervisory capabilities to foster the conditions for operational sustainability. In addition to building on previous successes, in the final year, improvements in ICT/MIS will greatly facilitate management throughout the network.

Resource and information sharing. Resource and information sharing is critical for enabling partnering organizations and their respective clinics to continually improve, thereby elevating average performance in terms of quality of care and service delivery efficiency. Resource and information sharing will be effected through the following means:

a) Clinic monitoring visits. Clinic monitoring visits form one of the cornerstones of SSFP's approach to quality. These visits have proven vital to improving and maintaining the quality of care throughout the SSFP network. As in the past, visits will be conducted jointly by NGO and SSFP staff, so that feedback on key areas such as service delivery, infection prevention, clinic management practices and service promotion is immediate. Clinic visits will be complemented by an analysis of service statistics. This analysis will be conducted by the six project task forces;

maternal health, child health, TB, training, diagnostic, and other reproductive health. The results of the analysis are shared with the NGOs. In addition, the findings from monitoring visit will be discussed at the quarterly Clinical Quality Council meetings, and will be entered in the clinic visit database, which can be accessed directly by the COTR. There are currently 323 clinics in the SSFP network. We anticipate that each clinic will be visited approximately 6 times during the year.

b) Perform minor renovations and continue clinic maintenance. SSFP's clinic facility improvement is focused on those things that improve the quality of care, such as minor changes that improve infection prevention. Improvement in clinic infrastructure has resulted in measurable increases in client satisfaction. During this year, SSFP will follow its maintenance plan and will perform repairs and minor improvements in 10 clinics. These activities include revamping the operation theater (OT), post-operative, labor room, and the preparation room. Additionally, with SSFP support and guidance, NGOs will continue outsourcing services needed to maintain improved facilities at their optimum level.

c) Quarterly performance review meetings. SSFP will continue organizing quarterly performance review meetings with project directors, FAM and MIS officers to continue strengthening the capacity of NGOs to use data for project management, performance improvement and decision-making. During these meetings, participants will analyze service statistics, implementation of operational and management systems, clinic maintenance, compliance with grant agreements, and the implementation of the SSFP branding strategy. Immediately after every quarterly performance monitoring meeting, NGOs will have a similar type of meeting with their clinic managers to review and adjust clinic action plans. Follow up on these clinic-based meetings will be conducted by the Network Operations Team focal persons.

d) Network rationalization report. This year SSFP will continue implementing lessons learned, such as sharing lab services or equipment (i.e. OT lights, ambulances, etc.) between clinics belonging to different NGOs. The project will report back to the larger network on successful interventions and will quantify generated savings to stimulate further resource sharing.

Centralized procurement. SSFP has been successful in attaining better prices for drugs and medicines for NGOs. Discounts achieved through SSFP have risen from 16 percent to over 25 percent, more than doubling the size of revolving drug funds and related mark-ups. In addition to drugs and medicines, SSFP also procured soap and other hygiene related products. As a part of the clinic maintenance efforts, SSFP procured promotional materials centrally, saving approximately 10% of the total cost. During the fifth year, SSFP will continue providing this service on behalf of its partner NGOs.

Capacity Building. Knowledge sharing is a critical step for maintaining existing and developing new professional capabilities. For that reason, SSFP will continue providing

training in clinic management, quality assurance and communication interventions, and by conducting pre and post training evaluations, as well as monitoring visits SSFP will verify that acquired knowledge is retained and used as one of many ways to improve long-term sustainability.

a) Update Finance and Accounting Manual. During the second year of the project, SSFP strengthened its Training of Trainers (ToT) activities in finance, procurement, and logistics management. SSFP then conducted an evaluation of its ToT approach, which resulted in improved training activities, pre- and post-evaluations, and job tools, such as the Finance and Accounting Manual. In Year 5, SSFP will introduce computerized accounting software across the 323 clinics and NGO headquarters. Concurrently, the Finance and Accounting Manual will require thorough revision and updating to ensure that it is compatible with the new system. PDs will take the lead by contributing to the manual and ensuring it is distributed throughout the network for its implementation.

b) Orient NGO staff on updated "Finance and Accounting Manual." Ensuring consistent utilization of available resources is essential for program success. With that in mind, SSFP will train NGO and clinic staff on the use of the updated "Finance & Accounting Manual". SSFP will train selected staff from NGO headquarters and some Smiling Sun clinics, who will become a core ToT group. Future trainings will be cascaded down by this core group with the support of SSFP staff.

c) Refresher training on marketing and promotion including SHHG. Marketing and service promotion is essential to increasing customer flows at SSFP service delivery sites and to elevating the capacity of the clinic managers; service promoters are key to achieving this objective. This year SSFP plans to bolster their skills with a tailor-made marketing and services promotion module, and will rely heavily on the newly established Surjer Hashi Health Group for support.

d) Refresher training on the on-line integrated MIS. The new ICT/MIS will require both initial training and immediate refresher training to ensure that the quality of the information gathered is not compromised. These interventions will be completed following data desk reviews performed by SSFP M&E staff.

e) Orientation on the computerized accounting system at the clinic level. SSFP will introduce a computerized accounting system to all 323 clinics by conducting a series of orientation sessions directed at the PDs and FAMs from each NGO. Through these sessions, trained staff will be acquainted with the computerized accounting system and will play a catalyst role in implementing the new system throughout the network.

f) Organize training on maternal health, child health, family planning, TB, other reproductive health, STI/RTI and Counseling. To ensure quality of health services, especially in an environment of high professional turnover that directly

affects performance and efficiency, SSFP will continue with the training program established at the project's onset, emphasizing the network's integrated clinical services. Therefore, during the fifth year, SSFP will continue to provide and outsource training for existing and new personnel in maternal health, child health, other reproductive health, family planning, counseling, infection prevention, STI/ RTI and TB management. A table of clinical training for service providers is available in Annex B.

g) Continue refresher training on EmOC. Currently, SSFP has 47 Ultra clinics (EmOCs, of which 33 are comprehensive and 14 are basic) centers and this year SSFP is planning to upgrade 3 Vital clinics and will convert 6 BEmOCs into CEmOC. To make them fully functional and compliant with the quality standards set by the program and the GoB, SSFP will conduct a series of regional workshops to ensure that all service providers in these upgraded facilities meet defined standards.

   Clinics selected for upgrades were identified based on: 1) community demand reflected through high ANC customers, 2) inadequate availability of safe delivery services at low cost (in the area), 3) meeting the referral needs from surrounding BEmOC and vital clinics, 4) adequate physical facility, 5) availability of consultants, and 6) availability of service providers.

   By upgrading these clinics, SSFP expects to increase the accessibility of safe delivery and thus promote more facility delivery (only 23% facility deliveries occurring nationwide), as part of the national effort to increase access to facility based deliveries. The upgrades will also serve to address complications related to normal delivery and the growing needs of community, particularly those of ANC customers. Additionally, SSFP will serve more least advantaged (LA) people and minimize operational cost by increasing revenue.

   Impacts are: 1.Help reduce maternal death (facility delivery is a proven strategy to reduce maternal death)2. Help LA people in receiving quality service at free of cost or minimum cost 3. More revenue generation and thus to serve more LA people.

   In regards to upgrading satellite sites to vital clinics, these clinics already offer most ESD services to the communities they serve. There is enough demand to sustain their operations as they currently are. However, SSFP can still improve access to health services to those in need. Under this optic, it is important that these communities also enjoy access to LAPM such as IUD and Implants as referrals to other centers can always act as an access barrier, and that basic lab services are offered; first to improve overall quality of care and client satisfaction, and second to improve potential for cost recovery. In their current status (fix satellite), these clinics carry the burden of most vital fix expenses, without the opportunities to generate the extra income that additional services –provided with minimum additional investment- could generate.

h) Training on infection prevention for medical officers and laboratory technicians. Through the continuous evaluation and monitoring of the quality of care delivered in SSFP clinics, SSFP has found that reinforcement is needed in the area of infection prevention, particularly for medical officers and laboratory technicians. During Year 5, SSFP will organize a series of regional workshops to improve service provider capacity in this critical area. To make it cost effective and the less disruptive, this activity will be implemented through regional training and will be developed by monitoring officers and SSFP technical staff jointly.

i) LAPM resource pool. In collaboration with Mayer Hashi, a USAID-funded project implemented by EngenderHealth, SSFP has started developing a pool of 25 LAPM trainers. Mayer Hashi will provide ToT training for a group of master trainers who are SSFP providers. The training will focus on intra uterine device (IUD) and voluntary surgical contraception (non-scalpel vasectomy (NSV) and bilateral tubal ligation (BTL)). Once trained, these master trainers will subsequently train SSFP service providers and may extend the training to other NGO providers, private practitioners, and the GoB. Activities and discussions are underway for subsequent certification of the trainees trained by master trainers and approval of selected SSFP clinics as training sites.

j) ToT on capacity building of CSPs. The Community Service Providers (CSPs) are the front-line workers who have the greatest potential to play a vital role in community mobilization process. SSFP is planning cascade training to strengthen the capacity of the CSPs to identify potential customers (e.g., antenatal care (ANC), expanded program for immunization (EPI), family planning (FP), control of diarrheal diseases (CDD) and Pneumonia).

k) Training on promotion and counseling on LAPM in Chittagong, Sylhet and Barisal. SSFP has been implementing activities to improve LAPM services in the three low-performing divisions of Sylhet, Chittagong and Barisal by strengthening its reach into the community and developing providers' capacity. Based on the initial lessons learned in Barisal, Sylhet and Chittagong, SSFP will continue training clinic managers, paramedics, service promoters and counselors in LAPM counseling and promotion. The training program will seek to develop strong counseling abilities, dispel myths and misconceptions, orient staff on workplace and community involvement, and orient counselors to motivate women and encourage male involvement.

Establish a system for NGO assessment, selection and capacity building. SSFP will focus on the three pillars of leadership, staff development, and process and systems to develop sustainable capacity in partner NGOs.

a) OD readiness workshop. Three one-day workshops will be conducted on a regional basis for all NGOs with 6 to 7 NGOs per workshop and approximately 5 people from each NGO to develop the understanding necessary for the self-

assessment exercise. Participants will be asked to share the concepts within each of their NGOs and given the tools for mobilizing the self-assessment team.

b) Institutional self-assessment workshop. A one-day assessment workshop will be held with each NGO and its 20- to 25-person self-assessment team. The two-person CBSG team will visit each NGO the day before the workshop to ensure the familiarity described above, necessary for workshop success.

c) Analysis and plan development. A total 5 to 10 of the best performing NGOs will be selected for additional capacity-building activities (see section B.5 of the extension proposal, page II-10). CBSG will analyze the assessment data from the remaining NGOs to develop an aggregate picture of capacity across all these NGOs. Based on its analysis and findings, CBSG, with the OD specialist and others on the SSFP team along with assistance from Panagora, will develop a draft network-wide capacity-building strategy and plan of action with baseline information and targets that will be vetted with NGOs at a workshop in Dhaka. Based on NGO input, the strategy and plan of action will be finalized.

d) *Validation.* A special meeting of the Membership Council will be called to ensure that all NGOs understand and buy into the findings, analysis, and network-wide capacity-building strategy and plan of action.

Documentation. Social franchising is in its early stages, pursuing a unique double-bottom line approach. As the largest documented non-fractional social franchise, SSFP attracts attention from the academic world as well as from program implementers from around the globe. For a groundbreaking project like SSFP, lessons learned can potentially have local and international impact. Therefore, the documentation and sharing of project experiences with the local and the international development community at large is imperative.

a) Legacies: Integrated MIS System. SSFP is pioneering the use of mobile phone technology for the transmission of service statistic data to a central database. By the beginning of the extension year, SSFP will be operating one of the largest ICT/MIS systems in the social franchising world. The process of implementing the system, which includes private sector support and NGO participation, can be a source of important lessons learned. SSFP aims to turn this system into an industry benchmark and expects that other programs in Bangladesh and around the world will adopt similar approaches.

b) Legacies: Franchise Conversion of Clinic. The clinic conversion process has allowed operational improvements that range from better quality of care (according to the criteria utilized), higher levels of client satisfaction, and larger client volumes to increased revenues. SSFP has tracked these activities since project outset, but it is now opportune to share the process and results with interested audiences.

c) Legacies: Surjer Hashi Health Group. SSFP considers satisfied clients to be powerful service promoters. At the same time, SSFP understands the importance of elevating the health literacy of the communities it serves. Having these two concepts in mind, SSFP is utilizing an innovative approach to community involvement by actively engaging satisfied clients in bringing new potential clients to SSFP clinics so that they might learn about their own health and the services offered there.

Operations research. Last year SSFP started three operation research activities; one was to develop a strong brand of health services; the second was to create a culture that would allow continuous quality improvement, and the third was to develop and implement business processes and tools that would support network management. These are well underway and will be completed during the last year once SSFP receives USAID approval for much needed technical support. During its extension year, SSFP plans to include two more research interventions that would help to better understand innovative health interventions that can be scaled up, provided they offer a sensible improvement over the current conditions.

a) SSFP image; then and now. A significant amount of effort and investment went into creating a new and consistent brand image and identity for SSFP clinics. This identity was the centerpiece of our promotion effects when doing community promotion. The SSFP brand experience transcended the usual communications campaigns, and the project hoped create a meaningful relationship with clients that included a higher perception of quality of care, client-centeredness, accessibility and affordability. At this juncture in the project's lifetime, it is important to know if the perception SSFP's clients have of the Smiling Sun brand is consistent with the objectives set for it, and whether that perception has changed since the beginning of the project.

b) Effectiveness of the quality circles. Since inception, SSFP has fostered a culture of quality of care in which all those involved have felt empowered to improve quality of services in their clinics. Because of the size of the network, it is essential that staff participate in the quality improvement process and are able to solve quality issues when they arise without having to wait for instructions or directions from the NGO headquarters or from SSFP project staff. As a result, SSFP has worked on developing an approach that includes database re-design, strengthening of the monitoring officer function, establishing the clinical quality council, and developing quality circles at the clinic level.

c) Usefulness of business planning as a management tool. Understanding healthcare from a social business perspective requires that service providers and managers realign their thinking from an orientation where resources are allocated, and not necessarily obtained from the market, towards an approach where recognizing the market they operate in, defining a structure adequate to address market needs and forecasting financial results. Responding to this approach, SSFP developed a planning process and adapted a tool for business planning in a healthcare setting.

This business planning tool has been regularly revamped and improved. Today, SSFP has a web-based tool that is widely used by NGO and clinic staff. Since this is an important element in the project, it is important to understand the contribution of this tool to the overall management process.

d) Use of information communication technology (ICT) in improving health outputs. SSFP is exploring the use of ICT as a tool for improving health outputs among selected groups. In the past, the program has had positive experiences using mobile phones to encourage clients to comply with their follow up visits. SSFP is in the process of joining forces with Bangla Track Miaki Vas, a local company, to offer SMS and recorded voice reminders for clients to attend their next ANC visit. Along the same lines, SSFP is planning to use a similar approach to encourage FP injectable users to remain on the method, which has discontinuation rates larger than those in other countries, like Indonesia.

   Equally important is the use of mobile phones to support skilled birth attendants in providing a much better quality service by calling a doctor in one of the existing Ultra (EmOC) clinics. This intervention is based on a positive experience documented by ICDDR,B. These three ICT-based interventions will be evaluated with support from the USAID-funded Traction program.

   New approaches to urban health service delivery. ICDDR,B is testing an approach to reach street kids and link them to health providers and ultimately with health facilities. Still in final development, NGOs working in urban areas such as CWFD, PSTC, IMAGE, NISKRITI will participate based on geographical location of the project area.This type of community-based intervention will be entirely new for SSFP, but offers important service opportunities to reach a neglected group. SSFP will work jointly with ICDDR,B to develop the intervention in collaboration with other urban health actors such as Marie Stoppes and UPHCP. The ensuing operations research will be complete with the support of Traction.

   During the year 5, SSFP will approach the DFID and UNDP funded Urban Partnerships for Poverty Reduction (UPPR), which is the largest urban poverty reduction initiative in Bangladesh, to help those served by this initiative to improve their living conditions by providing them access to good quality and affordable –or free- health services. SSFP will coordinate with UPPR to establish community service providers and satellite clinics in areas served by the initiative.

ii. Declining Grants – Investment

Report and update the Program Income Plan (PIP). SSFP will report on a quarterly basis to USAID on program income generated and used, following directions set in the Program Income Plan submitted as part of the extension proposal. At the same time, as part of the quarterly performance review meetings, results will be analyzed and discussed, and changes will be planned and implemented. SSFP will establish a PIP

taskforce to follow up on this regularly. This taskforce will be headed by the Network Operations Officer.

Implementation of USAID Program Income Audit. SSFP is committed to continually improve internal financial management controls. For the final year of the project, SSFP has proposed the development and implementation of an ICT-based electronic accounting system for the network of clinics.

a) Establishment of computerized accounting system at the clinic level. SSFP will procure computers sufficient for the needs of the to-be-designed customized accounting software which will then be rolled out to every clinic. (Some clinics may be able to manage the MIS and online accounting functions on one donated netbook.) SSFP will use existing computers located at the NGO headquarters offices for the same purpose. The accounting software will be customized following to follow generally accepted accounting principles (GAAP) and project management requirements. SSFP will fully train staff involved in this task at all levels.

b) Restructure of Grants Team and Review Process. To improve controls, SSFP will fill the remaining vacancy on the grants team, bringing the team back up to two, newly titled Grants/Compliance Specialists. In addition, the monthly financial report review process will be reorganized to include recommendations. During Year 5, the grants team will emphasize the fund accountability and reconciliation statement in addition to the voucher checking process.

Grants Monitoring and Internal and External Audits. SSFP will continue monitoring and auditing activities that have proven useful for internal control purposes.

a) Review and management of 26 NGO Grants. The contracts and grants team will continue to review grants performance, and provide feedback and guidance as and where needed. The recent program income audit recommendation of requesting copies of checks with NGO vouchers will be included. As is customary, NGOs will receive feedback on grants utilization during the quarterly performance review meetings on regular basis.

b) Orientation on 5th round of grants. SSFP will hold an orientation for the 5th round of grant agreements in October 2011, the first month of Year 5. Providing guidance and orientation on how to use the financial resources is integral part of grant award process. While principles for grant utilization have remained the same throughout the project, particular issues such as how to utilize program income and how to manage resources will be highlighted. SSFP's grants team will orient NGOs to the particular elements and changes included in the final round of grants and their linkages with business plans developed for the last year of the program.

c) Follow-up and Monitoring visit by grants team. During the fifth year, the grants team will continue regular clinic monitoring visits to review grants management and internal control systems and provide recommendations for improving NGO documentation, budgetary controls and fund management, procurement procedures, compliance with local law, and accounting records.

d) Internal and External Audit for NGO's. The grants team will continue financial monitoring and review of NGO and clinic financial records. SSFP will also initiate and coordinate external audits, which is one of the key mechanisms to ensure financial controls and integrity. Both financial monitoring and external audit will provide further assurance of transparency, integrity and compliance in utilization of grant fund and program income. External audits will be conducted by the pre-listed qualified local audit firms for the period ending March 2011.

Grants closeout. As part of the project closing, SSFP will initiate full transition from grants funding to program income funding in the last quarter of Year 5. Accordingly, SSFP will guide the NGOs to proceed with closing out grant agreements in June 2012.

a) Share closeout process with NGOs. SSFP will organize a meeting to inform all NGOs bout close out processes and related financial and administrative activities and requirements. During this meeting, SSFP will instruct NGOs about how to develop final financial and technical reports. This meeting will take place in April 2012.

b) Conducting final grant closeout (contractual and financial). Grant agreements with network members will come to an end on June 30, 2012. By end of August 2012, SSFP will close out all the grant agreements. The grants team will review final financial reports, bank reconciliations, and will confirm refunded closing balances. In addition, SSFP will ensure that all other activities related to closeout (i.e. VAT management, inventory of assets and asset disposition as needed, etc.) are performed in accordance with the approved grants manual.

c) Transition from grant funding to program income support for NGO service delivery. SSFP will elaborate a detailed action plan and provide instructions to the NGOs as to how to prepare for the transition to a new program. SSFP will also coordinate different activities associated with this transfer, including confirming the availability of program income funds. This will ensure a smooth and flawless transition. This activity will start in July 2012.

iii. Service Provision to Target Population including Poor. SSFP follows a systematic approach to ensuring that poor and vulnerable populations have access to and use health services from SSFP clinics. SSFP has recently revised the criteria used to identify poor clients and is including a new job aid on every computer incorporated in the new ICT/MIS. During the last year, clinic staff and service providers received a refresher training to help them understand the logic and principles of providing service to the poor

within the project context. During the last year, SSFP will emphasize this important program element and will ensure NGO adherence to this principle.

SSFP recently developed a local resource mobilization strategy to build the capacity of NGOs to identify local resources to serve the poor. SSFP continue to help NGOs to identify local resources to provide services to the poor.

Update the list of poor and poorest of the poor (PoP) clients. SSFP clinics keep systematic records of the patients by poverty and gender, and prepare reports of health service use by the poor, women, and adolescents**.** Members of the community and Surjer Hashi Health Group members are involved in discussions on identifying and updating the list of poor and PoP. SSFP will ensure services are fairly offered to the poor and that the poor represent 31 of all clients served during Year 5.

Distribution of HBC among Poor and PoP. SSFP clinics continue to distribute health benefit cards to newly identified poor customers so that they may access the services provided by the clinic.

Follow-up the number of service to the poor. With support from the new MIS, SSFP will report back to clinics and NGOs on their performance in this area. The topic will be discussed in every quarterly performance review meeting in order to gather lessons learned and replicate best practices.

A3. Performance Outcome 3: NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key essential service delivery services), coverage of poor clients, and range of services available and quality of care.

Introduction. As in years past, in Year 5, SSFP will provide all services included in Essential Service Delivery Package through its clinics, with special emphasis on safe delivery and LAPM. SSFP will continue cooperating with other USAID partners to increase service providers' technical skills as well as to scale up successful interventions. As has been the case since the beginning of the project, maintaining and improving quality of care across the network is of the essence; therefore, SSFP will re-invigorate its quality circle in all clinics. In addition, the newly established Surjer Hashi Health Groups will be essential to encourage communities to adopt healthy behaviors and also to increase traffic into the clinics.

i. Expansion of service volume

During Year 5, SSFP will continue to improve quality of service delivery and increase accessibility to safe motherhood for the clientele it serves. This improved service quality and increased accessibility to safe deliveries is expected to result in higher customer flows and increased revenues.

Taskforces. Since Year 2, SSFP's has supported NGOs in increasing their client base through a multidisciplinary taskforce approach that focuses, with each taskforce focusing

on a single health subject or issues in the context of integrated health services. SSFP has used these task forces to plan, organize, coordinate and help conduct activities intended to improve clinic performance in a given health area, capitalizing on synergies and knowledge residing in each of the SSFP program teams. Because of the positive results achieved thus far, task force activities will be further strengthened in Year 5. These task forces include:

a) The **maternal health task force** will facilitate communication between the SSFP task force and NGO project directors and clinic managers. The task force will review monthly, quarterly performances of maternal health services offered from the clinics. A key area of emphasis is network performance in ANC and PNC visits at both static and satellite clinics levels. SSFP will introduce a new ICT tool to encourage user compliance.

b) The **child health task force** will focus on treatment and prevention of childhood illnesses across the network. As in years past, SSFP will focus on increasing access to immunization and to reduce the incidence and prevalence of low birth weight deliveries, malnourished children, and neonatal death due to asphyxia. SSFP will do this by training staff and informing communities about their health options.

c) The **family planning task force's** main focus in this final year will be on LAPM services---more specifically the IUD, especially in low performing areas such as Chittagong, Sylhet and Barisal. At the same time, it will start a program to use ICT to decrease discontinuation among injectable users.

d) Through the **TB task force**, with support from GFATM, SSFP will continue collaborating with the National Tuberculosis Program (NTP) by enhancing the service delivery quality and capacity of SSFP NGOs. To achieve this, the TB task force will regularly analyze data and plan to reinforce or correct TB service delivery practices in SSFP clinics.

e) The **diagnostic task force** will help expand diagnostic facilities in EmOC clinics newly converted in Year 5 and ensure proper utilization of services available in the clinics. This task force will help clinics address missed opportunities for FP and safe deliveries when providing lab services, resulting in better quality of care and customers' satisfaction and loyalty.

Service expansion in strategic health areas. SSFP believes that expanding services in areas such as nutrition, safe motherhood, LAPM and related diagnostic services will result in better outputs and potentially better outcomes.

a) Implementation of 'Mainstreaming of Nutritional Activities' in service delivery (training, material development and campaigns). As a continuation of Year 4 nutritional activities supported by the Academy for Educational Development (AED) and Helen Keller Institute (HKI), structured nutritional activities will be

rolled out in the SSFP network. It is expected that service providers will undergo formal and hands-on training on nutrition with support from AED and HKI. Newly developed communications materials will be distributed to the clinics to increase awareness and remind staff about the importance of this element. In addition, SSFP will continue carrying out nutritional activities in Chittagong City Corporation with assistance from Concern Worldwide.

b) Reprint promotional materials to promote LAPM services (IUD, Implant, NSV, Tubectomy). SSFP has the potential to increase LAPM supply and has therefore designed new promotional materials that will help to better inform SSFP clients about their contraceptive options and LAPM availability. These materials have been developed in alignment with GoB communications efforts,

c) Reprint of service and clinic promotional materials. Promoting services as well as Smiling Sun clinics has been an on-going activity since project inception. In Year 5, to support the increasingly active SSHG, SSFP plans to reprint used and proven promotional materials.

d) Training on "Helping Baby Breathe (HBB)" for paramedics of clinics providing home delivery.In addition to the HBB training for monitoring officers and service providers of ultra clinics, SSFP plans to train paramedics of home delivery clinics on the HBB curriculum in Year 5. This activity will be supported by GoB, USAID, and UNICEF, and will be coordinated by Save the Children. It is expected that 160 paramedics will be trained throughout the year.

e) Follow up on refresher training for clinical staff and CSPs on essential newborn care (ENC). During previous years, SSFP facilitated the training of service providers and CSPs on ENC and developed a manual and a flip chart to assist them when reaching their communities. In Year 5, SSFP will facilitate and monitor ENC orientation of clinical staff and CSPs through clinical sessions and monthly orientation at clinic level. This activity will be supervised by monitoring officers as well as SSFP technical staff members.

f) Expansion of safe delivery facilities (increasing accessibility to facility delivery). SSFP aims to contribute to both demand generation and supply level by promoting facility delivery and increasing accessibility to facility delivery in the Smiling Sun network. Three vital clinics will be converted into comprehensive EmOC and seven basic EmOC will be upgraded to comprehensive. By end of Year 5, there will be 50 EmOC (Ultra clinics), out of which, 43 will be capable of offering Caesarean Section.

g) Expansion of static clinics by converting two fixed satellite clinics. Two of the fixed satellite clinics will be upgraded to vital clinics in Year 5 in response to long-standing demands of the local communities.

h) Expansion of lab services in five clinics. Improving diagnostic facilities in Smiling Sun clinics provides the opportunity for SSFP to better serve its customers and is a central element of SSFP's service delivery model that integrates diagnosis, management and treatment, and prevention. In Year 5, SSFP plans to expand its lab services including availability of ultra sonogram testing in five Ultra clinics.

i) Water and Sanitation activites. SSFP will continue to implement water and sanitation activities through distributing water purification tablets at static clinics, satellite locations, and through CSPs. As with previous years, SSFP will launch a Global Handwashing Day campaign throughout the network. This campaign will be conducted with the support of ACI and will target children, mothers as well as service providers. With the support from CSPs, Surjer Hashi Health Group and coordinated by Service Promoters, SSFP will advocate for safe treatment and storage of water at point-of-use, safe preparation and storage of food and sanitary disposal of human feces including that of children in the community to promote healthy behavior.

Plan to address newborn health care and post pardum visits. In year 5, SSFP will focus on some of the key components of service delivery which did not perform well in the previous years. One of them is Newborn care. In order to reach more newborns, SSFP will adopted a strategy that includes identification of probable causes of low performance and based on the causes, implementation of action plan. In line with the strategy, SSFP has already identified probable causes of low performance of new born care by assessing some of the clinics in terms of newborn care performance. These are as follows:

1. Mostly safe deliveries occurring in SSFP clinics are targeted for newborn care
2. Mothers with neonates coming to the clinics (which is very few) are recorded for neonatal
3. Mothers delivering in home in the community are not targeted for newborn care
4. Although all CSPs were trained on Essential Newborn Care, their visits to newborn care were not included in newborn care

Based on those reasons, SSFP has adopted the following action plan to improve newborn care:

1. Each clinic should have a list of probable pregnant women living in their catchment area: each CSP (where applicable) should have a list of pregnant women with EDD in her area.
2. Each delivery occurring in the community should be followed up for PNC care as per schedule. At least three visits should be made in the first week of delivery and each time newborn care should be provided and recorded.
3. All deliveries occurring in Ultra clinics should be followed up for all four PNC visits and each PNC visit should include newborn care as well. This has to be documented, recorded and reported.
4. All home deliveries should be followed up for four PNC visits including newborn care. This has to be recorded and reported.

Above all, PNC and newborn care performances including some other key indicators by clinic have to be reported by all NGOs every week using a simple format developed by SSFP. NGO HQ and SSFP should provide feedback, suggestion and comments on each

week's performances. Finally, SSFP focal people for respective NGOs will review respective NGO's performance on newborn care every month and provide feedback to them. Quarterly Performance Review meetings will also be attended by the focal people on regular basis along with proving on-site technical assistance in improving performances.

Continue collaboration with other USAID implementing partners. As in Year 4, SSFP will continue strengthening its collaboration with other USAID implementing partners through improving, scaling up, and solidifying current interventions.

a) Continue collaboration with Mayer Hashi of EngenderHealth to build NGO capacity on LAPM. In yYar 5, SSFP will continue to collaborate with Mayer Hashi to develop a pool of LAPM master trainers; the training will be conducted at government premises year-round and usually with other government service providers. Both Medical Officers and Paramedics will be trained. In addition to that, SSFP plans to maximize its alliance with Mayer Hashi to provide hands-on training on LAPM to all monitoring officers so that they in turn monitor technical competencies of service providers in terms of quality assurance and refresh service providers skills as necessary. Moreover, this collaboration will lead to developing "Centers of Excellence" – clinics with enhanced training capabilities in both high and low performing areas. The program will start with 10 clinics in Barisal, Sylhet and Chittagong divisions. Fifteen medical officers and 40 paramedics will be trained with this effort

b) Continue collaboration with MaMoni to increase service delivery. In Year 5, SSFP will develop strategic planning with MaMoni to increase customers in Smiling Sun clinics. Local-level coordination will be strengthened to favor rapid implementation.

c) Continue and strengthen collaboration with Social Marketing Company (SMC). Through the family planning task force, SSFP will continue strengthening its ties with SMC's Blue Star network to ensure effective client referrals of potential LAPM accepters particularly for IUD.

d) Continue collaboration with FHI360. SSFP will continue working with FHI to provide access to health care to sex workers and their children.

ii. Expansion of client base

Continue service expansion in Chittagong Hill Tracts (CHT). The Chittagong Hill Tracts region is politically, ethnically and epidemiologically different from the rest of the country. Responding to a GoB request, at the end of Year 3, SSFP opened a clinic in each of the three CHT districts: Khagrachori, Bunderban and Rangamati. The three clinics have been complemented with more than one hundred satellite sites in total.

a) Conduct clinic promotion campaigns. Building on the experience of working in CHT, SSFP plans to conduct clinic promotion campaigns in this special area of service delivery in first quarter of Year 5. This campaign will take into consideration the special needs of the population of this region. In Year 4, SSFP displayed billboards in this region popularizing services of Smiling Sun clinics.

Service expansion in urban slums. With a growing urban population that lacks access to health services, SSFP will develop activities intended specifically to address particular health needs of this population.

a) Development and sharing of guidelines of service expansion in urban slums in line with Urban Health Strategy of GoB. Slum populations are generally in greater need of health and family planning services due to many reasons. At the beginning of Year 5, SSFP will develop a guideline for the NGOs to reach people in slum areas. This guideline will be developed in line with Urban Health Strategy which is in the phase of finalization by the GoB. Once developed, SSFP will share it with the NGOs and help them provide essential services to this population.

Campaigns. SSFP's communication efforts in the last year of the program, SSFP will build on lessons learned from effective interventions from the past. Additionally, SSFP will champion an advocacy campaign based on music concerts and related activities to promote the concept of safe motherhood and SSFP as a potential source of services.

a) Conduct local level campaigns to promote LAPM services. SSFP will continue to improve access to an array family planning methods and services by enhancing its capacity to provide LAPM, particularly the IUD. SSFP will closely work with the USAID-funded Mayer Hashi project so communications materials and techniques developed by this project will be reproduced and utilized by SSFP clinic staff. Additionally, SSFP will distribute materials and train clinic staff in its effective use.

b) Conduct local level campaigns to promote hand washing. During Year 5, SSFP intends to continue promoting hand washing and safe water as a mean to prevent infections and diseases. This campaign will be conducted with the support of ACI and will target mothers as well as service providers.

c) Conduct local level campaigns to promote ANC/PNC. SSFP will continue resorting to community service providers (CSPs) and service promoters (SPs) to promote antenatal care (ANC) and postnatal care (PNC) with the support of promotional materials, job aids and ICT interventions.

d) Media advocacy campaign to promote safe deliveries. SSFP will pioneer an effort to bring together private companies to support a communications intervention intended to raise the issue of maternal deaths in the social agenda. Three music concerts and similar number of press conferences will be carried out under the

slogan of "not a single woman more dying giving birth." This effort will help SSFP to be perceived as a source of health solutions for pregnant women.

4. Demand Generation. Increasing the demand for services is critical to produce health impact and to improve program and financial sustainability. During the final year, SSFP will continue with the following demand generation activities that have proven to be successful in previous project years.

a) Continue activities with 9,000 Surjer Hashi health groups. SSFP will continue establishing Surjer Hashi health groups in all clinics as a way to better interact with clients, cultivate loyalty and create an environment that supports health behavior change and use of health services.

b) SHHG's "Client Leaders." SSFP will encourage loyal clients to refer friends and relatives to SSFP clinics. The program will track client referrals and will select a "Client Leader" per clinic per quarter. At the end of the year, every clinic will select its annual leader. The client with the most referrals (SSFP will identify a weighted system to allow comparisons between large and small clinics and areas) will become the "Smiling Sun Client of the Year." Her/his name will b published in a press ad s/he will be invited to Dhaka for a small award ceremony.

c) Observance of National/International days linked with GoB and Service delivery. There are several national and international events and days observed in Bangladesh in which SSFP will participate in to raise public awareness on specific health issues. SSFP clinics will coordinate with the GoB, local communities, and other organizations working to observe these days and organize events at the local level.

d) Continue to implement a performance-based incentive plan for maternal, newborn and child health (MNCH). At the end of Year 2, SSFP implemented a performance-based incentives program to promote safe motherhood and child health services. Since then, SSFP has improved this intervention which has become increasingly effective. For the final year, SSFP plans to continue with this activity, ensuring that the poorest of the poor are served and program income objectives are achieved. This program will start in January 2012.

Use of mobile technology to encourage service utilization. SSFP has recently used mobile phones to tack ANC patients with encouraging results. Recently, Bangla Trac Miaki, a local content provider, approached SSFP looking for opportunities for collaboration, one of them, jointly exploring a sustainable model for health-centered SMS use.

a) Pilot ANC clients follow up. SSFP will start in selected areas a voluntary service for pregnant women to receive reminders (both written and recorded) about their next ANC appointment. It also offers women the opportunity to call if facing an emergency.

b) Scale up ANC clients follow-up program. Once the pilot phase is finished, after identifying weaknesses and strengths of the model of intervention, and subject to a feasibility analysis, the intervention will be scaled up including all clinics.

   To motivate Post partum mothers for PNC checkups, SSFP is already in partnership with ACI who will provide new born gift pack to all babies born in Ultra clinics beginning in October and ending in May during Safe Motherhood Day observation. SSFP's Maternal Health Task Force will regularly monitor PNC and newborn care performances by the clinics and adopt strategies to improve the performance.

   SSFP is an active member of Aponjon and before developing further its plans to give pregnant women access to consultation reminders, it consulted with Mr. Ananya Raihan. SSFP will continue collaborating and exploring with this project how to continue utilizing mobile technology to improve maternal health outcomes. As part of this effort, will further explore USAID suggestion to include PNC as part of this activity.

c) Pilot FP users (interval and injectable) follow-up program. SSFP will start in selected areas a voluntary service for women who are willing to be reminded about when their next injection will take place. In addition, reminders for post partum (interval) method availability will be also offered to women who agree to receive the service.

d) Scale up FP users (interval and injectable) follow-up program. Once the pilot phase is finished, after identifying weaknesses and strengths of the model of intervention, and subject to a feasibility analysis, the intervention will be scaled up until including all clinics.

CSP strengthening through strategic partnerships. CSPs are essential to reach populations that otherwise would not have access to health services. In doing so, they can help them to adopt preventive behaviors and at the same time, they can connect them with the clinics. Understanding their critical importance SSFP plans to revitalize them, channeling support from strategic partners.

a) Partnership with ACI to expand CSPs product line in selected areas. SSFP is in conversations with ACI, the leading fast moving goods company in Bangladesh, to explore resorting to CSPs to distribute key health related products such as soap and sanitary napkins. ACI will train approximately 300 CSPs in sales techniques as a pilot intervention.

b) Track CSPs referrals. Using the new ICT/MIS SSFP will be able to effectively track referrals from CSPs and to understand their health contribution and financial impact. This information will be essential to provide CSPs with better products and training as a mean to ensure their financial wellbeing around their association with SSFP.

c) Evaluate intervention. SSFP will evaluate the data resulting from the intervention and jointly with ACI and, after conducting a SWOT (strengths, weaknesses, opportunities and threats) will estimate its scalability.

d) Pilot scale up. Once finalized the intervention evaluation, the project will be scaled up by regions.

iii. Maintenance of Quality of Care

Since project inception, SSFP has invested in continuous quality improvement as a key ingredient to ensuring client satisfaction and to develop a key comparative advantage for the network. In Year 5, SSFP will continue investing in quality improvement, building on proven successful approaches such as the CQC and Quality Circle. SSFP also implement the plan based on Mystery Client observation in Year 5 and improve quality monitoring instruments such as the quality database.

Improvement of Quality of Care. SSFP will continue its efforts to improve and maintain quality of care across the SSFP network. The focus will be on creating a culture of quality by developing leadership skills, inculcating a shared vision, and further developing ownership and accountability among service providers to support a long-lasting change.

a) Monitor CLQC. In year 5, one important area of focus will be on further improving consistency and effectiveness of the Clinic Level Quality Circle (CLQC) in all clinics. Central to this will be empowering clinic managers to exercise their leadership in this area, aligning all staff members along a common vision of SSFP helping to foster a culture of good quality of care among service providers. To encourage clinic managers, success stories will be published in weekly news brief and on SSFP's web page.

b) Continue quarterly clinical quality council meeting. SSFP will hold quarterly Clinical Quality Council (CQC) meetings. The CQC will continue to act as forum for improving tools and procedures of quality assessment as well as developing insights on best quality practices in other settings. SSFP will use this venue to develop subject specific quality campaigns aimed at those clinic areas deemed as structurally and functionally weak.

c) Continue to review and finalize daily/weekly/monthly checklist. All 323 clinics will be monitored by NGO monitoring officers twice a year. Monitoring officers will guide clinic staff to administer the quality self-assessment tool during QMS visits. Daily, weekly, and monthly quality checklists will be reviewed regularly during CQC meetings.

d) Follow-up of various clinical trainings. To support continued knowledge and skill development, SSFP will follow up the trained clinical staff at their work place to

ensure that training they received results in improved practice. Staff from SSFP's franchise operations team will follow up, through direct observation and interviews, post training performance from randomly selected participants. This activity will be part of regular monitoring visits.

e) Joint follow-up of clinical trainings with training institute. Joint clinical training follow-up is another quality assurance intervention developed during the life of the project and considered useful and necessary. During the last year, SSFP will continue using prescribed and developed tools to assess clinic staff performance on the job. This activity will be jointly developed by the training institute and SSFP personnel.

f) Observation of quality weeks. In order to reinforce quality concept and uphold high level of quality in the mindset of service providers, SSFP plans to conduct quality weeks across the network twice in a year; one in the middle of first quarter and another in the beginning of last quarter of year 5. One of the important quality indicators will be selected for intensive practice in each of the quality weeks. Customers' opinion towards quality will be assessed during the week. The best 10 clinics will be rewarded in each occasion in the following CQC meeting.

Quality Audit. Independent clinical quality audits have been conducted in the past, resulting in improvements of the quality tracking methodology.

a) Conduct external quality audit of 33 clinics. Between October 2011 to January 2012, SSFP will use external consultants to conduct external service quality audits. Findings and recommendations from these audits will be discussed in the CQC, and incorporated in the regular monitoring activities. The quality audit will be done in randomly selected 33 clinics. Apart from sharing observations, consultants will analyze general trends, provide long term solutions to problems and make recommendations for improving services of the respective clinics.

b) Quality Monitoring Systems (QMS) data quality check. SSFP will perform regular clinic quality checks to ensure that data collected and processed by the clinic and forwarded by the NGO is accurate. SSFP's monitoring and evaluation team, in coordination with the Network Health Technical Support, will continue to analyze data and identify variations in service performance. Findings will be addressed by the franchise operations team members during clinic visits.

c) QMS guidelines revision and printing. SSFP has recently incorporated some changes to the QMS guidelines for clinic staff and NGO managers. To make them available to all staff–an important aspect in ensuring effective CLQC- these guidelines will be printed and distributed to all clinics.

MIS Maintenance. SSFP has made a significant investment in improving and modernizing its MIS to a point in which it might become a benchmark for similar

systems in the industry. Proper maintenance of the system is essential for accurate and reliable reporting.

a) Maintenance of online integrated MIS to 323 clinics, 26 NGOs and SSFP HQ. SSFP's MIS team will work closely with the contracts and grants team to improve and scale up the integrated web-based MIS developed that has been tested and refined over the past two years. This task will take place during the first quarter of the final year. The MIS team is responsible for monitoring the rollout of this system, and ensuring that NGOs staff is adequately trained.

b) Align QMS Database based on revised clinic observation tools and checklist. The quality assurance team has revised their process observation checklist and incorporated clinic managers' feedback. The MIS team is developing a database for storing this data and to generate required reports. In addition, as requested by the quality assurance team, the MIS team has been working on developing a complete database covering all modules/checklists administered currently at the clinic level. This task will be completed by December 2011.

c) Pilot and scale up of cell-based SMS system for paramedics. The majority of client contacts are made by the satellite clinics and CSPs. As it is not feasible to gather service statistics using standard methods employed by clinic staff, the MIS team is working in piloting and improving an SMS-based data management system to collect client-specific data from the field. Preliminary work, such as design and development of the interface for NOKIA mobile phone sets has been tested. Three clinics in Hazaribagh, Tongi and Keraniganj have been selected for the second phase pilot and based on lessons learned here; SSFP will roll out the use of mobile sets to capture data in all clinics.

   By incorporating mobile phones to data capturing at the satellite level, SSFP will greatly improve the quality, opportunity and overall reliability of the data generated by satellite teams. This is a cost-efficient way of tracking number of persons served and with proper monitoring and evaluation support, will help to develop health interventions better adapted to respond to community needs.

B. Operations and Administration

B1. Personnel.

Project staffing is almost complete. SSFP is in the process of recruiting to fill the Health Specialist and the MIS Specialist positions. With this, there will be nine positions to fill, including a Strategic Partnership Specialist, a Training Coordinator, two MIS Specialists, a Look and Layout Specialist, a Finance/Management Field Support and Monitoring Specialist, a Health Specialist, a Brand and Service Promotion Specialist, and a Grants/Compliance Specialist. SSFP will fill those positions in the first quarter of Year 5. Local consultants will be hired on a short-term basis to implement quality audits.

B2. Property Management. SSFP will continue to track all project inventory and maintain an up-to-date inventory list. As part of the close out process, SSFP will create a plan to dispose of all property acquired during the life of the project. Per FAR 52.245-1 "Government Property" SSFP will submit the disposition plan to the contracting officer for approval.

C. Cross Cutting Issues

Introduction. There are three critical factors that are inherent in all activities. These factors that cut across several project elements reflect ultimate values. These are gender, youth and anti-corruption.

C1. Gender. SSFP will take measures for ensuring women friendly environment in the clinics like - setting arrangement and separate toilets for male / female patients, but there will be no disparities in services. Efforts will continue to (i) communicate the importance of ANC, delivery care and PNC to all household heads/pregnant women at the grass root level, (ii) orient service providers at the clinic levels on gender equity and (iii) include topics on the health needs of both males and females and their impact on gender disparities, in training curricula. Further steps will be undertaken for sharing SSFP's gender policy with the NGOs. During the fifth year SSFP will organize Workshops in Barisal, Chittagong and Sylhet to sensitize - Female reproductive rights, highlight the option of LAPM, nutritional needs of women, specially of lactating mothers and the adolescents girls, Addressing violence against women (VAW) etc.

In addition the Surjer Hashi Health Groups will be used to increase accessibility to safe motherhood services; to do so, SSHGs are expected to favor male involvement in family planning and reproductive to better address women's needs.

C2. Youth. Like past year, SSFP will continue incorporating the interactive training module on Youth Friendly Health Services on its website and will continue working on service providers' attitudes towards youth customers will be followed up this year during routine monitoring visit. SSFP intends to establish youth hot line in collaboration with one of the leading mobile phone vendors of the country in year 5. In second quarter of year 5, SSFP will develop and distribute materials on youth-friendly services to increase accessibility of young adults in our clinics.

C3. Transparency. During the fifth year, SSFP will continue using the tools and methodologies that ensure proper use of resources and information to ensure transparency. In this regard SSFP introduced Integrated Online MIS which will help in achieving transparency across the net-work.
As before**,** SSFP will continue improving the capacity of the network to serve its clients better, while simultaneously, reducing space for corruption.
Also, to favor a culture of transparency, SSFP will continue publishing individual clinic quality scores on the SSFP website. Putting this information in the public domain has been a catalyst in encouraging project directors and clinic managers to focus on their performance.

SECTION III. PERFORMANCE MONITORING PLAN

Introduction. The scope of this performance monitoring plan covers monitoring and evaluation deemed necessary for efficient project operations and USAID's needs. M&E of this nature will ensure progress is being made towards program targets and objectives. The program indicators in Annex A are updated as of the third quarter. Final Year 4 data will be available on/about October 22nd.

A. Approach to Monitoring and Evaluation

Monitoring progress and evaluating results are key management functions in any performance-based management plan. Performance monitoring is an ongoing process that allows managers to determine whether an activity is making progress towards its intended results. Performance information plays a critical role in planning and managing decisions. Evaluation is the periodic assessment of a project's relevance, performance, efficiency, and impact — both expected and unexpected — in relation to stated objectives.

Additionally, analysis and communication are also important elements of performance management. The project will not only collect performance and impact data; it will add value to the raw data by performing appropriate analysis, and providing context for data interpretation, thereby transforming data into information. This transformation must then be communicated to have an impact. This is the information value chain that takes data, converts it to information by adding value through analysis, conveys the information through communications, and achieves impact once the knowledge is consumed and acted upon.

We understand there must be a balance between M&E data collection and technical work. Our newly developed online MIS system is designed such that it will not become a data collection burden for project staff, NGO sub-franchisors and franchisees, rather it will complement on-going technical activities and become part of their routine work habits.

Network Performance Monitoring. In addition to SSFP staff visits, staff from each NGO - including project directors, MIS officers and finance managers - will visit each of their clinics at least once a year. During each monitoring visit, monitoring staff will visit one static clinic and at least one satellite clinic and capture detailed clinical, administrative, financial, human resources, look and layout, network operations, and marketing information using the comprehensive checklist developed by SSFP. All information will be entered into the clinic visit database to flag key follow-up issues and guide subsequent visits. Following each visit, visitors will prepare reports for future reference and follow up the recommendations. To improve the system, the clinic visit database will be further improved with analytical features.

SSFP will organize quarterly workshops for the project directors and MIS officers (or responsible persons for MIS activities of some NGOs) to increase the capacity of NGOs in using data for project performance improvement and decision making. In these workshops, NGOs will revise and re-develop quarterly action plans considering their

performance issues with the technical assistance from concerned SSFP's team leaders and NOT members. Immediately after the performance monitoring workshop, NGOs will have a similar type workshop with their clinic managers and develop the clinic wide quarterly action plan to meet performance deficiencies. Concerned SSFP staff will participate in the performance monitoring workshops organized by NGOs.

NGO contact persons and/or other members of NGO executive committee will also visit clinics to review the performance and give suggestion for project performance improvement and ensure GoB cooperation.

B. Continuous Monitoring of Activities/Implementation of Business Plans

SSFP will engage efforts to ensure the effective and consistent utilization of business management tools through regular monitoring. It will also analyze data on a regular basis to assist NGOs in taking appropriate steps to improve performance. The NOT will continuously follow the clinic level activities for the implementation of the business plans developed by NGOs.

ANNEX A: PROGRAM INDICATORS

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target
Program Component 1: Reduce unintended pregnancy and improve healthy reproductive behavior											
OP1	Couple-years of protection (CYP) in USG-supported programs (in millions of couple-years)	0.9	0.97	1.24	1.29	1.41	1.42	1.4	1.44	1.53	1.61
OP2	Number of people trained in FP/RH with USG funds	166	1,000	1,049	5,149	6,637	303	300	278	255	378
OP3	Number of counseling visits for Family Planning/Reproductive Health as a result of USG assistance (in millions of visits)	1.65	1.73	1.88	1.98	2.11	2.12	2.54	2.6	2.64	3.2
OP5	Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	0	4	6	15	6	8	2	1	0	2
OP6	Number of new approaches successfully introduced through USG-supported programs	0	1	5	9	5	8	5	2	2	2
OP7	Number of USG-assisted service delivery points providing FP counseling or service	15,201	15,368	14,954	15,400	14,698	15,400	15,413	15,500	15,242	15,530
OP8	Amount of in-country public and private financial resources leveraged by USG programs for FP/RH (in millions of US dollars)	4.97	5.02	5.0	5.02	5.0	5.27	5.29	5.3	5.025	4.731
OP9	Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	205	N/A	234 (175 for Norplant)	N/A	234 (175 for Norplant)	N/A	312 (181 for Norplant)	N/A	0	N/A
OP10	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines	24	100	101	900	101	419	359	876	824	566

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target
Program Component 2: Improve child survival, health, and nutrition and Program Component 4: Improve maternal health and nutrition											
OP11	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,431	24,500	23,270	25,725
OP12	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities (in millions of visits)	1.17	1.19	1	1.2	0.92	1.17	1.21	1.22	1.3	1.37
OP13	Number of people trained in maternal/newborn health through USG-supported programs	86	1,000	1,028	3,079	1,028	5,566	5,500	400	455	35
OP14	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,423	24,500	20,352	25,725
OP15	Number of people trained in child health and nutrition through USG-supported health area programs	2,549	2,800	971	8,055	971	120	115	200	222	138
OP16	Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs	8,000	8,400	12,714	10,209	12,709	11,230	16,704	18,375	16,872	19,000
OP18	Number of newborns receiving essential newborn care through USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,423	24,500	23,265	26,700
OP19	Number of cases of child (< 5 yrs) pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs	161,585	169,664	144,582	170,000	120,971	161,585	189,518	195,000	148,614	205,000
OP20	Number of children less than 12 months of age who received Penta3 from USG-supported programs	289,801	295,597	271,550	296,000	259,286	289,801	307,875	315,000	328,057	330,750

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target
OP21	Number of children under 5 years of age who received vitamin A from USG-supported programs	351,648	369,230	233,355	395,077	1,465,954	351,648	2,990,398	2,000,000	3,748,073 (with NID) 315,948 (w/o NID)	3,935,746 (With NID) 331,745 (w/o NID)
OP22	Number of cases of child (< 5 yrs) diarrhea treated in USAID-assisted programs (in millions of cases)	1.98	2.07	1.71	2.23	1.64	1.98	2.09	2.1	2.3	2.3
OP23	Number of health facilities rehabilitated	0	25	26	160	115	202	187	14	15	12
OP24	Number of people covered with USG-supported health financing arrangements (in millions)	7.18	7.99	7.3	8.29	7.33	8.61	12.37	8.94	7.364[1]	7.733
OP27	Assessment of USG-assisted clinic facilities compliance with clinical standards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Program Component 5: Prevent and control infectious diseases of major importance											
OP28	Case notification rate in new sputum smear positive pulmonary TB cases in USG-supported areas	Not Available	71	72	72	79	78	74	115	110	110
OP29	Number of people trained in DOTS with USG funding	44	17	17	100	111	62	74	47	40	15
OP30	Average population per USG-supported TB microscopy laboratory	71,115	85,000	65,000 (abolished huge slums)	70,000	70,000	70,000	70,000	70,000	70,000	70,000
OP31	Percent of USG-supported laboratories performing TB microscopy with over 95% correct microscopy results	75%	78%	70%	80%	70%	82%	82%	85%	92%	92%
Project Objective: Access to sustainable health services maintained and expanded											
OP32	Percent of cost recovery	25%	25%	31%	35%	32%	50%	41%	50%	41%	45%
OP33	Percent of poor service contacts	26%	27%	27%	28%	26%	29%	31%	30%	31%	31%

[1] The decline in the Y4 achievement is due to the calculation of service contacts rather than the catchment area

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target
Performance Outcome 3: Smiling Sun Network expanded											
41	Total number of clinics (ultra and vital; targets set by static and satellite)	319	335	319	319	320	319	323	319	323	325
		8,516	8,666	8,508	8,516	8,545	8,516	8,670	8,516	8,702	8,700
43	Total service contacts (in millions) (Result 3.2)	27.6	29.5	27.2	29.6	28.5	29.7	40.26	32.8	53,767,844 (with NID)	56,456,236 (with NID)
										32,726,121 (w/o NID)	34,362,427 (w/o NID)
45.A	Number of clinics properly implementing infection prevention procedures	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	969
52	Total number of individuals that received services from the network (in millions)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6.9[2]
Capacity of NGO Grantees improved											
OD1	Number of NGOs using computerized financial management systems	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26
OD2	Number of NGOs completing an institutional capacity baseline self-assessment	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26
OD3	Number of NGOs providing reports based on an institutionalized electronic performance management system	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26
OD4	Number of policies or strategy items on which the membership council provided guidance.	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12

[2] 6.9 is the initial projection for Y5 to be revised at the mid-point if necessary

ANNEX B: CLINICAL TRAINING- YEAR-05

Name of training	Duration	Trainees	Number of Participants (Core Training Group)	
Child Health:				
Facility IMCI	11 days/ 8days	Medical Officers and all Paramedics of each clinic	Medical Officers: 18	Paramedics: 80
TOT on Community-IMCI	6 days	At least one Paramedic and one Service Promoter of each SS clinic	Paramedics: 20	SP: 20
Refresher Training on EmOC & CPR	1 days	All Medical officers & Paramedics of Smiling Sun network EmOC clinics.	MO: 14	PM: 20
Refresher Training on IP	1 days	All Medical officers & Lab. technician of Smiling Sun network.	MO: 20	Lab. Tech: 30
Family Panning:				
FPCSC	12 days	Paramedic of each SS clinic	Paramedic: 80	
Implant	3 days	At least one Medical Officers and one Paramedic of each Implant offering SS clinic	Medical Officers: 14	Paramedics: 14
NSV	8 days	At least one Medical Officers and one Paramedic of each NSV offering SS clinic	Medical Officers: 5	Paramedics: 5
Tubectomy	12 days	At least one Medical Officers and one Paramedic of each Tubectomy offering SS clinic	Medical Officers: 5	Paramedics: 5
Maternal health:				
Other Reproductive Health	6 days	Paramedic of SS clinic	Paramedic: 80	
Safe Delivery	21 days	Medical Office and Paramedics of Safe Delivery and Home Delivery unit of SS clinic	Medical Officers: 5	Paramedics: 30
Counseling:				
Counselling	3 days	Counsellor of each SS clinic	Counsellor: 30	
STI/RTI:				
STI/RTI	5 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 16	Paramedics: 40
Tuberculosis:				
TB Management Training (GoB)	6 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 5	Paramedics: 5
Laboratory Training (GoB)	6 days	Laboratory technician	Laboratory technician: 5	

ANNEX C: IMPLEMENTATION PLAN

Activity Description	Positions/Teams Responsible	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Performance Outcome No. 1 - Dismantling, Brand strengthening and program communication, and Service provision to target population including the poor													
i. Functionalize and Strengthen the established Governing Council													
1. Quarterly Membership Council Meeting	SPA, CS, OM, NOO		x			x			x				
2. Final meeting presenting lessons learned and network direction	COP, SPA, OM, CS											x	
3. Quarterly Program Advisory Committee Meeting	SPA, MD, FOO, CS			x			x			x			x
4. Clinic visit by PAC members	MD, SPA, NOO, CS				x			x			x		
5. Clinical Quality Council Meetings	HO, COP, CQASS, NOO			x			x			x			x
ii. Policy and Advocacy with GoB													
1. Continue regular interaction with MoHFW/DGHS/DGFP policy-makers and staff	SPA, CS, COP, NOO			x			x			x			
2. Conduct joint clinic visits with policy makers and other GoB officials	SPA, CS, HO, NOO	x			x			x			x		
3. Active participation in GoB events, campaigns and Special Day Observations	MCA, CS, SPA, NOO												
3. Briefing meetings with the District-/Division-level Health & Family Planning officials	SPA,CS, NOO		x				x					x	
4. Briefing meetings with LGRD/City Corporations	SPA,CS, NOO, HO	x						x			x		x
5. Continue advocacy efforts to support CHT	SPA, CS, HO, MCS				x				x				
6. Special Coordination meeting with Agencies working in CHT	SPA, NOO, CS			x						x			
7. Tripartite Review (TPR)	SPA, CS, HO, NOO									x			

8. Organizing consultative meeting of National Working Team for IMCI	HO,SPA, NOO		x							x			
iii. Partnership with GoB													
1. Ongoing communication through meetings, letters, field visits and reports:													
a. Long acting and permanent methods (LAPM)	HO, BPMRS, MCS, SPA	x	x	x	x	x	x	x	x	x	x	x	x
b. Demand-Side Financing (DSF) as third-party payer to ensure access to the poor	SPA, HO, NOO	x	x	x	x	x	x	x	x	x	x	x	x
iv. Program Communication													
1. Communication materials and tools													
a. Newsletter	CS, MCS	x			x			x			x		
b. Program Website	CS, ITS	x	x	x	x	x	x	x	x	x	x	x	x
c. Weekly Newsbriefs	CS	x	x	x	x	x	x	x	x	x	x	x	x
d. Reports (quarterly, annual, final)	CS, COP				x			x			x		
e. Publication of SSFP Success Stories	CS										x	x	
f. Interviewing people interested in Smiling Sun	CS		x		x		x		x		x		
2. End of project workshops													
a. Technical consultation (2 days)	COP, CS, MCS, NOO											x	
b. Closeout workshop - presentation of final report and dissemination of best practices	COP, CS, MCS, NOO												x
c. Washington event	COP, CS, SPA, GM												x
3. Develop legacy documentation and dissemination strategies													
a. Strategy development	COP, CS, ORS, MCS, SPS, BPMRS							x	x	x	x	x	
b. Materials development	COP, CS,ORS, MCS, SPS									x	x	x	
c. Video development	COP, CS,ORS, MCS, SPS								x	x			
4. Media advocacy	CS, MCS, BSPS												
a. Media orientation (print, radio, TV)	CS, MCS						x			x			

v. Brand Management													
1. Strengthening brand of Smiling Sun	BSPS, MCS	x	x	x	x	x	x	x	x	x	x	x	x
2. Co-branding with strategic partners	BSPS, MCS	x	x	x	x	x	x	x	x	x	x	x	x
vi. Private Sector Partnerships													
1. Fees for Services													
a. Strengthen relationship with H&M	SPS, COP, BPMRS, MCS, NOO	x	x	x	x	x	x	x	x	x	x	x	x
b. Continue relationship with Akij Group and LFMEAB	SPS, COP, NOO	x	x	x	x	x	x	x	x	x	x	x	x
c. Define new partnership opportunities (Rahimafrooz, STS etc.)	SPS, NOO, HO, COP			x	x	x							
2. Infrastructure, Equipment, and Operations													
a. Continue partnership with Chevron, Cemex and KAFCO	SPS, NOO, COP	x	x	x	x	x	x	x	x	x	x	x	x
b. Maintain and expand relationships with DBBL Foundation	SPS, NOO, HO, COP			x	x						x	x	x
c. Define new partnership opportunities (Tullow, Prime Bank Foundation, Jamuna Bank Foundation BRB, PHP, Pran etc.)	SPS, NOO, HO, COP, BPMRS				x	x	x	x	x				
3. Information and Communication Technology													
a. Roll out pilot with Frontline SMS and Nokia to enable data-driven decision-making via SMS-based data collection	SPS, MEO, COP, NOO		x										
b. Define new partnership opportunities (ClickDiagnostics, Grameen Solutions, m4H initiative of GHI, etc.)	SPS, COP, MEO, NOO			x	x	x	x	x	x	x			
c. Strengthen relationship with Citycell	SPS, COP, MEO, NOO												
4. Special events (signing, launching, and award ceremonies)	SPS, COP, CS, MCS, NOO			x				x			x		
5. Assist NGOs to identify, nurture, and secure local resources for individual gifts (cash and in-kind)	SPS, NOO, NOT, MCS, COP												
6. Assist NGOs to maintain good relationship with strategic partners	SPS, NOO, COP	x	x	x	x	x	x	x	x	x	x	x	x
Performance Outcome No. 2 - Network Efficiency,													

Declining Grants, and Double Bottom-line													
i. Increasing Network Efficiency													
1. Resource and Information Sharing													
a. Conduct clinic monitoring visits	NOO, HO	x	x	x	x	x	x	x	x	x	x	x	x
b. Facilitate quarterly performance review meetings	NOO, MEO, GM	x			x			x			x		
c. Develop an staff retention strategy for NGO service provider	BPMRS, ORS, NOO	x	x	x									
d. Report on network rationalization activities	NOO, GM, COP	x	x	x	x	x	x	x	x	x	x	x	x
2. Capacity Building													
a. Update Finance and Accounting Manual, Personnel Manual	NOO, FQAS, FMTS,TC, GM	x	x	x									
b. Training on Revised Financial Management and Personnel Manual	NOO, FQAS, FMTS,TC, GM				x	x	x						
c. Refresher Training on Marketing and Promotion including SHHG	NOO, MCS, BPSP,TC	x	x	x	x	x	x						
d. Refresher Training on On-line MIS System	MEO, ITS,TC					x	x						
e. Orientation to NGOs for upgrading and Integration of Computerized Accounting System - Clinic Level	GM, MEO, TC				x	x	x	x	x				
f. Organize Training on MH, CH, FP, TB, Other Reproductive health , STI/RTI, IP, Counseling	HS, TC, HO, NOO	x	x	x	x	x	x	x	x	x	x	x	x
g. Continue refresher training on EmOC and CPR	MD, HS, TC, HO, FOO	x	x	x	x	x	x	x	x	x	x	x	x
h. Organize clinical workshop on infection prevention for MO and LT	NOO, HS, TC, HO	x	x	x	x	x	x	x	x	x	x	x	x
i. Develop a pool of trainer that can provide LAPM training in collaboration with Mayer Hashi	HO, HS,TC	x	x	x	x	x	x	x	x	x			
j. ToT on capacity building of CSP	NOO,HO,MCS, TC				x	x							
k. Continue training on promotion and counseling on LAPM in Chittagong, Sylhet and Barisal divisions	HO, MCS, TC, HS				x	x	x				x	x	x
3. Capacity Building of Local Partner NGOs													
a. Organizational Development Readiness Workshop	NGOs, CBSG, Panagora, ODS	x											
b. NGOs conduct self-assessments	NGOs, CBSG, Panagora, ODS	x	x	x									

c. Management and organizational development assistance plans developed	NGOs, CBSG, Panagora, ODS				x								
d. Mid-year support for institutional development plans	NGOs, CBSG, Panagora, ODS				x								
e. Training and counseling in areas identified in institutional development plans	NGOs, CBSG, Panagora, ODS					x	x	x	x	x	x	x	x
4. Documentation													
a. Retreat for documentation and closeout plan	COP, OPM, TC				x								
b. Legacies: Integrated MIS System	MEO,CS										x	x	x
c. Legacies: Franchise Conversion of Clinic	NOO, HO, CS										x	x	x
d. Legacies: Surjer Hashi Health Group	NOO, MCS, HO, BPSP, CS										x	x	x
5. Operations Research													
a. SSFP image: then and now	ORS, CS, MEO												
b. Effectiveness of the quality circles	HO, CQAS, CS												
c. Usefulness of Integrated MIS as a management tool	MEO, CS, NOO					x	x				x	x	
ii. Declining Grants - Investment													
1. Approved Program Income Plan in place	GM, COP	x											
2. Report and update the Program Income Plan	GM, COP			x			x			x			x
3. Implementation of USAID Program Income Audit recommendations													
a. Establishment of Computerized Accounting System at Clinic Level	MEO, NOO, GM	x	x	x	x	x	x						
b. Purchase computers and software	MEO, NOO, GM	x	x	x									
c. Install computers in all clinics	MEO, NOO, GM				x	x	x						
d. Restructure of Grants Team and Review Process	GM, COP	x	x										
4. Grants Monitoring and Internal and External Audits													
a. Review and management of 26 NGO Grants	GM, GS	x	x	x	x	x	x	x	x	x	x	x	x
b. Orientation on 5th Round Grant	GM, GS, TC	x											
c. Follow-up and Monitoring visit by grants team	GM, GS		x	x		x	x		x	x		x	x
d. Internal and External audit for NGOs	GM, GS, OPM	x	x	x	x	x	x	x	x	x	x	x	x
5. Computerized Management System development and maintenance													
a. Implementation of Integrated MIS, MFRR and	MEO, GM,	x	x	x	x	x	x						

Inventory for Grants follow-up	NOO, ITS												
b. Roll out of Integrated MIS for service statistics and PI monitoring	MEO, MISS, ITS	x	x										
c. Maintenance of Integrated MIS	MEO, MISS, ITS	x	x	x	x	x	x	x	x	x	x	x	x
d. Scale up of mobile use for satellite clinics	ME, MISS, ITS, NOO				x	x	x						
e. Data Validation for MIS and Financial Reporting	NOO, GM, MEO	x	x	x	x	x	x	x	x	x	x	x	x
6. Closeout Grants													
a. Share closeout process with NGOs	GM, GS,							x					
b. Closeout meeting with NGOs (technical)	GM, GS, MD, NOO									x			
c. Conducting final grant closeout (contractual and financial)	GM, GS										x		
d. Transition from grant funding to program income support for NGO service delivery	GM, GS										x	x	x
iii. Service Provision to Target Population including Poor													
1. Update the Poor and PoP list	NOO, MEO	x	x										
2. Print & Distribute HBC among Poor and PoP	NOO			x									
3. Bi-monthly report on service to the poor performance	NOO, MEO		x		x		x		x		x		x
Performance Outcome No. 3 - Service Volume, Client Base, and Quality of Care													
i. Expansion of service volume													
1. Taskforces													
a. Continue and strengthen 5 health topic task forces (MH, CH, FP, TB, Lab service)	HO, NOO	x	x	x	x	x	x	x	x	x	x	x	x
2. Service expansion in strategic health areas (LAPM, MH, CH, Diagnostics, and RH)													
a. Implementation of 'Mainstreaming of Nutritional Activities' in service delivery (training, material development, campaigns)	HO, CQASS, MCS			x	x	x	x	x	x	x			
b. Reprint promotional materials to increase LAPM services (NSV, Tubectomy, IUD, Implant)	HO, MCS			x									
c. Reprint of service and clinic promotion materials (5 promotional materials)	HO, MCS		x		x								

d. Strengthen "Helping Baby Breathe" approach for paramedics in home delivery clinics by bag and mask procurement	HO, CQASS, TC				x	x							
e. Follow-up on refresher training for clinical staff and CSPs on ENC	HO, HS, TC		x		x		x		x		x		x
f. Expansion of safe deliveries (3 vital clinics to CEmOC and 6 BEmOC to CEmOCs)	NOO, HO, PLS				x	x							
g. Expansion of static clinics by converting two fixed satellite clinics	NOO, SPA, HO												
h. Expansion of lab services in five clinics	NOO, HO	x	x	x									
3. Continue collaboration with other USAID implementing partners													
a. Continue collaboration with MayerHasi to build NGO capacity on LAPM	HO, NOO	x	x	x	x	x	x	x	x	x	x	x	x
b. Continue collaboration with MaMoni to increase service contacts	HO, HFSMS, MCS, NOO, CQASS	x	x	x	x	x	x	x	x	x	x	x	x
c. Continue and strengthen collaboration with SMC	HO, NOO	x	x	x	x	x	x	x	x	x	x	x	x
d. Continue collaboration with FHI360	HO, NOO	x	x	x	x	x	x	x	x	x	x	x	x
ii. Expansion of client base													
1. Continue service expansion in Chittagong Hill Tracts (CHT)													
a. Conduct clinic promotion campaigns	NOO, MCS		x	x	x								
2. Service expansion in urban slums													
a. Development and sharing of guidelines of service expansion in urban slums in line with Urban Health Strategy	NOO, MCS, HO, CQSS, TC		x	x									
b. Introduce and establish CSPs in Urban clinics	CMS, MCS, HO	x	x	x	x	x	x	x	x	x	x	x	x
3. Campaigns													
a. Conduct local-level campaigns to promote LAPM services	HO, MCS, BPMRS				x		x						
b. Conduct local-level campaigns to promote hand-washing	MCS, HO, NOO	x	x										
c. Conduct local-level campaigns to promote ANC/PNC	MCS, HO, NOO				x	x							
d. Safe motherhood media advocacy campaign	MCS, HO, NOO												
4. Clinic Services Demand Generation													

a. Refresher training on SSHG implementation for all clinics	MCS, NOO, HO	x	x	x	x	x	x						
b. Regional-level SSHG leaders' conference to find out Champion Clients	MCS, CS, TC, HO					x	x	x	x	x			
c. Develop and distribution of promotional material for SHHG members	MCS, HO, NOO		x	x		x	x		x	x			
d. Implement SSHG in partnering factories	MCS, NOO, HO	x	x	x	x	x	x	x	x	x	x	x	x
5. Use of mobile technology to encourage service utilization													
a. Pilot ANC clients follow-up	HO, MEO, NOO				x	x	x						
b. Scale-up ANC clients follow up program	HO, MEO, NOO							x	x	x	x	x	x
c. Pilot FP users (Interval and Injectable) follow-up	HO, MEO, NOO				x	x	x						
d. Scale-up of FP users (interval and injectable) program.	HO, MEO, NOO							x	x	x	x	x	x
6. CSPs strengthening through strategic partnerships													
a. Partnership with ACI to expand CSPs product line in selected areas (Pilot intervention)	HO, CMS, MCS, NOO, SPS	x	x	x	x	x	x						
b. Track CSPs referrals to clinics with ICT/MIS support	NOO, HO, MEO	x	x	x	x	x	x	x	x	x	x	x	x
c. Evaluate CSPs pilot intervention	HO, NOO, ME				x	x	x						
d. Scale-up ACI supported CSP pilot intervention	HO, CSP, NOO							x	x	x	x	x	x
7. Quarterly Coordination Meeting with CAs	SPA, CS		x			x			x			x	
a. Continue collaboration with SMC to promote SSFP services through 4,000 Blue Star outlets	HO, BPMRS, NOO, MCS					x	x	x	x	x			
b. Participate in national/international days linked with GoB and service delivery	MCS, CS, SPA	x	x	x	x	x	x	x	x	x	x	x	x
c. Continue to implement a performance-based incentive plan for MNCH	NOO, COP, CQASS, HO				x	x	x						
iii. Maintenance of Quality of Care													
1. Improvement of Quality of Care													
a. Monitor CLQC	CQASS, HMS, NOO, HO, HS, MEO	x	x	x	x	x	x	x	x	x	x	x	x
b. Continue quarterly clinical quality council meetings	CQASS, HO, MEO, TC			x			x			x			x
c. Review and finalize daily/weekly/monthly checklists	CQASS, HO			x			x			x			x

as needed to include new indicators													
d. Follow-up clinical trainings	HMS, TC, ORS	x	x	x	x	x	x	x	x	x			
e. Joint follow-up of clinical trainings with training institute	TC	x	x	x	x	x	x	x	x	x			
f. Continue ongoing maintenance of existing clinics	NOO, LLS, HO	x	x	x	x	x	x	x	x	x	x	x	x
g. Observation of Quality Week	CQASS, HO	x			x			x			x		
h. Selection of the best 10 Clinics Quality Award	CQASS, HO, NOO, SPS									x	x	x	
2. Quality Audit													
a. Conduct External Quality Audit of 33 clinics	CQASS, HO, OPM							x	x	x			
b. QMS data quality check	CQASS		x				x			x	x		
c. QMS guidelines revision and printing	HO, CQASS, OPM				x	x	x						
3. MIS System Maintenance													
a. Maintenance of online integrated MIS to 323 clinics, 26 NGOs and SSFP HQ	MEO, NOO, IT	x	x	x									
b. Align QMS Database based on revised clinic observation tools and checklists	CQASS, MEO, HO	x	x	x	x	x	x	x	x	x	x	x	x
c. Pilot of cell phone-based SMS system for paramedics- 130 mobile phones	MEO, NOO, OPM, HO, IT	x	x	x									
d. Develop training follow-up database	MEO, NOO, OPM, HO, IT				x	x							
i. Cross Cutting Issues													
1. Gender													
a. Sharing of SSFP's gender policy with NGOs	HO, MCS	x	x	x									
b. Organize gender-sensitization workshop in Barisal, Chittagong, and Sylhet	HS, HO				x	x	x						
c. Promote male participation in FP and safe motherhood practices through SSHG	MCS, HO, HS	x	x	x				x	x	x			
2. Youth													
a. Establish youth SMS/hotline	HO, COP	x	x	x	x	x	x						
b. Develop and distribute materials on youth-friendly services	HO, MCS				x	x	x						
c. Safe motherhood related concerts reaching the youth	MCS, HO			x	x	x	x						

3. Anti-Corruption Administrative Visit	MD, GM, NOO, HO	x	x	x	x	x	x	x	x	x	x	x	x
ii. Operations and Administration													
1. Personnel recruitment for vacant positions	OPM	x	x	x	x	x	x	x	x	x			
2. Property Management													
a. Disposal of inventory	OPM,OM					x	x						
b. Procurement	OPM,OM	x	x	x	x	x	x	x	x	x			
c. Update asset inventory	OPM,OM						x						x